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THE  
MEDICAL HERALD.

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1872

VOLUME VI.

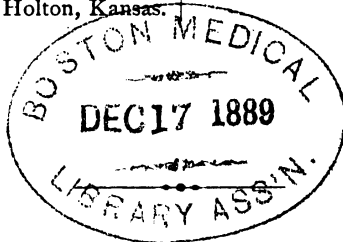
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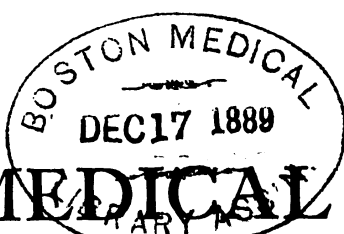
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# THE MEDICAL HERALD.

VOL. VI.

JULY, 1872.

No. 1.

## Original Communications.

### CASE OF HEPATIC ABSCESS.

By Drs. WILDER & MORSE, Lawrence, Kansas.

I. B., 26½ years, mulatto. Lived in Jackson County, Mo., until December, 1861, when he came here. His health has always been good, and the only injury he ever received was a kick in the left groin, causing a hernia, some twelve years since. About the 1st of July, 1868, he was taken with bilious fever, as his physician termed it, though from his description there may have been present acute hepatitis. He was at that time a cook in a hotel, and suffered much from the intense heat. He recovered from his illness in about two weeks so that he was able to go out, but never regained his flesh or strength, and suffered constant dull pain in the right hypochondriac region. He had a hacking cough with little sputa, and no pain in the chest. He fluctuated in strength sometimes better and then worse again, but never able to work.

November 14, he was taken with a severe pain in the right side which increased during the night. A blister was applied with no relief; his cough increased, appetite failed, and the severe pain remained constant.

About the 25th of November he noticed a swelling in the epigastric region extending over the right side, which increased daily.

This was the history of the case as he gave it when he came under our care, December 7. We found him with an

anxious, haggard expression, features sunken, anæmic, frequent spasms of coughing, during which he raised considerable thick mucus, the effort causing pain in the region of the liver; pulse 128, weak; respiration 28; tongue moist with a light coat on the back part; appetite poor, and bowels costive. He has slept but little for several nights on account of the pain, and has night sweats. Examination revealed the liver much enlarged, extending from the upper border of the fifth rib to a point two inches below the ribs, and forward a little beyond the median line, causing the ribs to bulge out over it, and appearing like a tumor in the epigastric region. It is painful to the slightest touch, and he can hardly bear the weight of the coverings. Fluctuation was felt deep in the substance of the liver, but there appeared to be little or no adhesions to the walls of the abdomen. Auscultation showed a congested state of the right lung, and moist rales were heard in the lower part of both. There was no evidence of tubercular deposit in either lung. A case of hepatic abscess was diagnosed, and the patient put on sustaining and tonic treatment, with morphine to procure sleep.

The low condition of his general health, and the small extent of adhesion between the liver and the walls of the abdomen, led us to adopt the tonic and expectant plan of treatment, instead of opening at once, or applying caustics to secure adhesions, and then opening. As a result, his general health steadily improved until December 30. He gained rapidly

in strength, his appetite became good, his cough entirely ceased, and the pain abated considerably, but the swelling in the epigastric region steadily increased and extended over nearly the whole of that region. At that time he appeared to take a sudden cold, and at once grew worse. The symptoms becoming very urgent, we punctured the tumor with a fine trocar, January 6, 1869. The point of puncture was in the median line about half-way between the ensiform cartilage and the umbilicus. At first a thin fluid escaped of chocolate color, free from smell, followed by a brownish pus mixed with debris from the liver, and white shreds like the washings of beef, amounting in all to a little more than ten ounces. Fearing lest there might not be sufficient adhesions between the liver and abdominal walls, the opening was closed with adhesive plaster, a compress and bandage applied, and a full opiate ordered. This evacuation gave great relief to the patient, the urgent symptoms disappeared, the swelling abated, and no bad results followed. The wound commenced to discharge in a day or two, and linseed poultices were applied. About an ounce of matter was discharged per day till the 14th, when, the wound having closed, a free opening was made at the same point as before, and seven ounces of matter similar to the first escaped. From this time he gradually failed. A bed-sore formed over the sacrum, anasarca appeared in the right foot and leg on the 23d, and in the left on the 25th. The amount of pus discharged increased daily, and from the 14th to the 26th had amounted to one hundred and fifty ounces. On the morning of the 30th fully fifty ounces came away, after which he sank rapidly, and died about noon.

Autopsy at 3 P. M. An incision was

made in the median line from the ensiform cartilage through the opening to the umbilicus, and thence towards the right side. The matter remaining in the liver was taken out and found to amount to nearly five quarts. The right lobe, lobuli spigelii and caudatus were entirely destroyed, their places being occupied by a large purulent sac with walls thickened and membranous, and firmly united to the walls of the abdomen, especially in front where it was with difficulty separated. A fine fibrous band united the liver with the right part of the transverse colon. The left lobe lay entirely under the ribs of the left side, pushing the stomach downward and to the left. It was greatly enlarged and fatty, the capsule easily peeling off. The lobulus quadratus alone had a healthy appearance. The gall cyst was longer than natural, and partly filled with light colored bile; the ducts were natural and pervious. The stomach was small and its walls thin. There was some ascites in the abdomen, otherwise the other viscera had a natural appearance.

This case was interesting from the amount of matter discharged, and the large portion of the liver destroyed. The cause of the disease was undoubtedly acute hepatitis occurring during the excessive heat of the preceding summer. The patient worked near a hot furnace during the season, when the mercury swayed from 105° to 108° F. in the shade. The disease did not seem to have been preceded by, or connected with, any intestinal lesion. At no time did he have any indication of biliary obstruction either in the skin or conjunctiva, though his urine was generally of a reddish color. There seems to have been enough bile secreted by the small portion of healthy liver to assist in the digestion

of food, and keep the bowels tolerably free. He never complained of pain in the right shoulder, which some writers affirm to be a characteristic of this affection. The pain was located in the region of the liver, and required the constant use of opiates to secure sleep. There was no nausea or vomiting, nor during our attendance did he complain of indigestion, although when the symptoms became urgent he could take but little food at a time. He lay generally on his back, as rest on either side increased his distress. The cough, which at first we found quite severe, soon subsided and did not return, save once after a slight exposure, when he took cold. Time was not allowed us to examine his lungs after death, but there is no reason for suspecting any great lesion there. The disease seemed to progress slowly and steadily from its inception, and to have been for the most part uncomplicated.

The amount of matter discharged during the twenty-four days, and at the autopsy, was estimated at  $23\frac{1}{2}$  pints, or 376 ounces.

That discharged from day to day was always examined and the amount ascertained. It always presented the same appearance, save that towards the last the dark and white shreds were more abundant. It never was fetid, and if air ever entered the sac, it did not seem to have hastened decomposition.

The treatment of the case was palliative and tonic. Following the authority of Budd, no attempt was made to open the abscess until the urgency of the symptoms demanded interference. Even then the adhesions to the abdominal walls were so slight as to excite grave apprehensions as to the result. The puncture was made into a small cavity

connected with the larger one, showing that at first there was probably at least two points of suppuration. The marked improvement at first was doubtless due to the removal of the dyspnoea and cough. The disease was undoubtedly far advanced when we first saw the case, and the wonder is how nature could so accommodate herself as to perform the functions of the body with so large a portion of the liver disorganized, and such a small part, probably not one twentieth of a healthy liver, capable of secreting bile.

### ERYSIPELAS.

By DANIEL C. JONES, M.D., Junction City, Kansas.

May 1, 1872, Mrs. M., æt. 62, married, complained of pain in left side of face and head, also in left lung; slight crepitation over lower lobe of left lung; hacking cough with slight expectoration of grayish colored mucus; tongue coated darkish yellow; appetite poor; bowels constipated; pulse 95; respiration 19; urine scant; surface dry and hot.

R. Hyd. chlor. mit.,-----grs. xij.

Ipecac et opii. pulv.,---- " xxx.

M.

Ft. in chart, vj.

Sig.—One every two hours, to be followed by oleum castor two hours after last powder.

May 2, 10 A. M.—Pulse 80; respiration 17; skin moist; bowels moved twice early this morning; still complains of pain in the face and head, also slight pain in the left lung; expectorates more freely; cough better; urine still scant, with darkish gray deposit on standing.

R. Quin. sulph., -----grs. xx.

Ipecac et opii. pulv.,-- " xxx.

M.

Sig.—One every four hours, also to have beef tea and milk punch freely.

May 3, 11 A. M.—Pulse 70; respiration 16; skin moist; tongue moist and clearing from tip and sides, darkish yellow in centre.

R<sub>y</sub>. Quin. sulph., -----grs. xv.  
 Dover powder,----- " xx.  
 Ferri super carb.,--- " xxx.

M.

Ft. in chart, v.

Sig.—One every 4 hours.

May 4.—Patient much better; continued treatment of yesterday; discharged.

May 8.—Called in haste; found Mrs. M. suffering severely with pain in left side of face and head; pulse 100; erysipelatous flush over left side of face; left eye swollen shut; patient delirious. On inquiry I found that she had steadily improved from the date I had last seen her until midnight of last night. She then complained of severe pain as before stated, and severe itching or burning of left side of face. Ordered tinct. iodine to be applied over all the surface covered by erysipelas, also to extend an inch beyond its margins, to be repeated every six hours. Also to have

R<sub>y</sub>. Quin. sulph.,-----grs. xx.  
 Ipecac et opii.,----- " xx.  
 Morph. sulph.,----- " j.

M.

Ft. in chart, x.

Sig.—One every two hours; brandy and beef tea as often as she could be induced to take it.

May 9, 9 A. M.—Slight amelioration of symptoms; continued treatment.

May 10th—Pulse 80; respiration 17; complains of dull pain in head and face; burning not so severe as yesterday; can see some out of left eye; continued treatment. From this time forward she continued to improve until May 13, when I discharged her, and gave her a prescription of comp. tr. cinchona, to be taken

three times daily. May 25th she was quite well.

#### CASE II.

April 24, 1872—W. B., æt. 7 years, American, bright, intelligent boy. Pulse 115; respiration 24; skin hot and dry; tongue covered with dark yellow coat; bowels constipated; urine scant and darkish red color; complains of pain in head and left side of face; left eye closed; slight delirium; moves and rolls about in bed as if in great pain; erysipelatous flush over left side of face, extending backwards to left ear, and forward to nose and middle of chin.

R<sub>y</sub>. Hyd. chlor. mite,----grs. v.  
 Ipecac et opii.,----- " xv.

M.

Ft. in chart, v.

Sig.—One every two hours, to be followed by a saline cathartic two hours after last powder; to be put into warm bath, and to have left side of face painted with tinc. iodine; room to be darkened and well ventilated.

April 25, 9 A. M.—Bowels moved three times this morning, otherwise no change; continued iodine to face, and repeated warm bath. Gave internally,

R<sub>y</sub>. Ant. et potass. tart.,---grs. ij.  
 Aqua, ----- " ℥iv.  
 Tr. opii.,----- " ℥j.

M.

Sig.—Teaspoonful every two hours, to be kept up until nausea is produced, and then repeated often enough to keep the patient nauseated.

April 26, 8 A. M.—Pulse 85; respiration 19; skin moist; bowels moved three times since last call; tongue moist; no delirium; still complains of pain in face and head; left eye still closed and discharging muco purulent matter; urine copious; extreme nausea.

R. Quin. sulph.,-----grs. x.  
Morph. act.,----- " ss.

M.

Ft. in chart. v.

Sig.—One every three hours.

Iodine to face to be continued; lotion of plumbi. act. and laudanum to be used over region of right eye, and small pieces of fine sponge placed between the eye-lids for the purpose of absorbing the discharge, and to be changed often.

April 27—Pulse 80; respiration 18; tongue moist and clearing from tip and sides; bowels moved once in twenty-four hours; slight pain in head; delirium gone; countenance cheerful; seems to relish his beef tea; swelling of face very much reduced; continued treatment.

April 28—No material change; same treatment.

April 29—Improving rapidly; appetite good; discontinued iodine to face, and applied lead and laudanum lotion; quin. and morph. reduced one-half.

April 30—Still improving; continued treatment.

May 1—Convalescent; discharged.

The first of these cases was one of unusual severity, occurring in a woman whose constitution was very much impaired by old age and previous sickness, yet it yielded to treatment, and was guided to a safe termination on the thirteenth day.

The second case was an unusually severe one, occurring in a vigorous young boy whose constitution was unimpaired, and also terminated favorably under the treatment; yet it was in many respects directly opposite to the treatment of the first case. In my opinion the treatment of disease should be varied, according to age and constitution, never losing sight of the old and well-defined landmarks of the profession. Had the same treatment

been reversed, and the old patient given the last emetic, it would surely have resulted fatally, as it would have depressed still further the lagging energies of the system so that the recuperative powers of nature would have sunk to rise no more.

These cases are not reported on account of their peculiarities, but simply to give a general idea of the type of disease prevailing in this locality. Nervous and the more grave type of disease seem to have joined hands, and we may still look for more aggravated cases in both classes, and a blending of the two which may tax our skill *to the utmost* to combat. As erysipelas is among the first diseases noticed in the ancient treatises of medicine, it is useless to repeat the oft repeated teachings. I believe our best authors consider the idiopathic as well as the traumatic variety to originate from blood poison. What that peculiar materius morbi is, I am still unable to give a rational explanation of.

## Society Proceedings.

### MINUTES OF THE AMERICAN MEDICAL ASSOCIATION.

Held in Philadelphia, May 7, 8, 9, and 10, 1872.

[The following we abstract from the report of the Proceedings as published in the *Medical and Surgical Reporter*. Persons wishing the full report can obtain the same by enclosing fifty cents to W. B. Atkinson, Permanent Secretary, Philadelphia, Pa.]

The Association assembled at Horticultural Hall, on Tuesday, May 7, at 11 A. M., and was called to order by the President, David Yandell, M.D., of Ky.

The proceedings were opened with prayer by the Rt. Rev. Wm. Bacon Stevens.

Prof. Robt. E. Rogers, M.D., of Penn-

sylvania, on behalf of the profession of Philadelphia, welcomed the delegates.

Dr. Edward Hartshorne, of Pennsylvania, Chairman of the Committee of Arrangements, announced the programme of entertainment.

He then presented the following list of delegates and permanent members already registered as in attendance:

There were registered 725 delegates, permanent members, and members by invitation, from the following States, etc: Alabama, Arkansas, Colorado, California, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Kansas, Maryland, Massachusetts, Minnesota, Missouri, Mississippi, New York, Nebraska, North Carolina, New Jersey, New York, New Hampshire, Ohio, South Carolina, Tennessee, Texas, Vermont, Virginia, West Virginia, Wisconsin, U. S. Army, and U. S. Navy.

There being no objection to the confirmation of these delegates and permanent members, the President announced that the list thus reported by the Committee on Credentials was approved as read, and the report adopted.

Vice-President, Dr. Thomas M. Logan, having taken the chair, the President delivered the Annual Address.

Dr. Henry Askew, of Delaware, offered the following:

*Resolved*, That all questions of a personal character, including complaints and protests, and all questions on credentials, be referred at once, after the report of the Committee of Arrangements, or other presentation, to the Committee on Ethics, and without discussion.

After a rambling discussion Dr. J. Morris, of Maryland, called the previous question, which, being sustained, Dr. Askew's motion was put and carried without a dissenting voice.

Papers were next announced on subjects to be read at the session of the section in the afternoon.

The reports of the Committee on Publication and of the Treasurer, the latter showing a balance in the treasury of \$1,005, were read and referred to the Committee on Publication.

In the absence of Dr. Stille, of Penn-

sylvania, Chairman of Committee on Prize Essays (in consequence of bereavement) Dr. F. G. Smith, of Pennsylvania, reported that said committee had only awarded one prize, which was to an essay bearing the motto "*Ne tentis aut perfice*," and entitled "What Physiological Value has Phosphorus as an Organismal Element."

On breaking the seal, he announced Dr. Samuel R. Percy, of New York, as the successful essayist.

HALL OF THE COLLEGE OF PHYSICIANS }  
OF PHILADELPHIA, May 1, 1872. }

W. B. Atkinson, M.D., *Permanent Secretary of the American Medical Association*:

*Dear Sir*—At a stated meeting of the College, held this evening, the following preamble and resolutions were passed:

"WHEREAS, Cases of accidental poisoning and of the internal administration of medicines intended only for external use, are so frequent, and, whereas, every possible safeguard should be employed to prevent such accidents, therefore,

*Resolved*, That it is recommended to all druggists to place all external remedies in bottles not only colored, so as to appeal to the eye, but also rough upon one side, so that by the sense of touch no mistake shall be possible even in the dark.

*Resolved*, That all bottles containing poisons should not only be labelled 'poison,' but also with another label indicating the most efficient and convenient antidote.

*Resolved*, That a copy of these resolutions be presented to the American Medical Association, the College of Pharmacy of Philadelphia, and their assistance asked in bringing about so desirable a reform."

Respectfully yours,

JOHN H. PACKARD,  
Secretary.

On motion of Dr. L. A. Sayre, N. Y., these resolutions were unanimously adopted.

Dr. Baldwin read a partial report from the Committee on Nominations, as follows:



*President*—Dr. Thomas M. Logan, of California.

*First Vice-President*—Dr. B. H. Catlin, of Connecticut.

*Second Vice-President*—Dr. W. M. McPheeters, of Missouri.

*Third Vice-President*—Dr. A. M. Pollock, of Pennsylvania.

*Fourth Vice-President*—Dr. W. T. Brigs, of Tennessee.

*Treasurer*—Dr. Casper Wister, of Pennsylvania.

*Librarian*—Dr. Wm. Lee, of D. C.

*Assistant Secretary*—Dr. M. A. Pallon, of Missouri.

Next place of meeting, St. Louis.

On motion, the report was adopted.

The Committee on Ethics reported through Dr. N. S. Davis, of Illinois, as follows:

Your committee have made a careful and patient examination of each and every subject referred to them by the Association. In all cases involving the rights of individuals or organized institutions to representation, the individuals and the representatives of such institutions have been invited before the committee, and their testimony carefully taken. As a result of these investigations the committee ask leave to submit the following unanimous report:

1st. In relation to the preamble and resolutions offered by Dr. Davis, touching the Massachusetts Medical Society, your committee recommend them for unanimous adoption by the Association. They are as follows:

WHEREAS, It has been represented that the Massachusetts Medical Society considers that its delegation to the annual meeting of the American Medical Association in Washington, May, 1870, were unjustly excluded by the Committee of Arrangements; and

WHEREAS, The action of the Committee on Ethics, at the same meeting, in refusing to allow the right of said Committee of Arrangements to exclude the Massachusetts delegation, is not yet fully understood by that society; therefore

*Resolved*, That this Association acknowledges the great and effective efforts

of the Massachusetts Medical Society to elevate the profession, and to suppress quackery of all sorts, and especially assure that society of encouragement and support in its present exertions to rid itself of all pretenders.

*Resolved*, That the said Association trusts that hereafter there will be a united and harmonious action of all the several bodies of which the Association may be composed.

*Resolved*, That a copy of these resolutions be forwarded to the President of the Massachusetts Medical Society.

This was agreed to by the Association.

The committee report in regard to the official communication of the Corresponding Secretary of the Medical Association of the District of Columbia, certifying that Drs. J. D. Barnes, S. S. Bond, A. McWilliams, W. E. Poulton, S. B. Blanchard, S. W. Caldwell, J. L. Crouse, Jas. Phillips, and G. Sylvester, have forfeited their membership in that society by reason of not having paid their dues for three years, and after repeated notices of the fact and its consequences, your committee recommend that their names be stricken from the roll of membership in accordance with the fifth paragraph of the second section of the Constitution of this Association, and also the same action in regard to Dr. D. W. Bliss, who is under sentence of expulsion from that society. Unanimously adopted.

In regard to the alumni associations of medical colleges, the committee reported that it did not consider them such medical societies as were intended by the constitution to be eligible to membership, and hence they recommend that no delegates be received from any of the alumni associations of the medical colleges from any part of the country. Unanimously agreed to.

In regard to the Pathological Society of Berks County, Pa., the registration of whose delegates had been postponed on account of the protest alleging the want of good standing on the part of that society, the committee postpone action from the want of proper testimony.

On motion this request was granted,

and further action on this institution was postponed.

In regard to the Academy of Medicine of Washington, D. C.; the Freedmen's Hospital of the District of Columbia, and the Howard University of Washington, D. C., the registration of whose delegates had been postponed by the Committee of Arrangements, on account of want of good standing on the part of these institutions, as indicated by the action of this institution in 1870 and 1871, and by information communicated to that committee, we report the facts as follows:

1. That this Association, at its meeting in San Francisco, in 1871, by the emphatic vote of 83 to 26, refused to so amend the constitution as to admit delegates from colleges in which women are taught and graduated in medicine, and from hospitals in which women, graduates in medicine, attend.

2. That this Association, in 1870, declared, by an almost equally emphatic vote, that a medical society constituted in part of members who are not licensed to practice in accordance with the civil law governing the practice of medicine in the State or district in which the society is located, is not entitled to representation in this Association.

3. That sections 3, 4, and 5, of the Act of Congress, passed July, 1838, incorporating the Medical Society of the District of Columbia, and which has been the law regulating the practice of medicine in that District up to the present time, requires all persons coming into the District to practice medicine, to apply for and within six months obtain, a license to practice from a Board of Examiners, appointed for that purpose, and makes it a misdemeanor, punishable by a fine of \$50, for every act of practice without such license.

4. That it has been proven by the testimony of several witnesses that the Medical Society of the Academy of Medicine of Washington now contains in full fellowship at least four or five members who have never applied for or obtained license to practice, and yet are actually practicing medicine, and three of whom are on the list of delegates sent

by that society to this Association; also, that one of them is a member of the medical staff of the Freedmen's Hospital, and also that several of the faculty of the Howard University are members of the same academy of medicine, and one of the teachers is a woman.

In view of these facts, the committee cannot regard either of the three institutions named as in good standing, whether tested by civil law, by the former decisions of this Association, or by its code of ethics, and hence the committee recommend that the delegates of these several institutions be not received into this body.

The committee offered the following:

*Resolved*, That members of the profession hired by the month or year for definite wages, by families, railroads, manufacturing incorporations, or any money making institution whatever, for ordinary medical or surgical practice, always excepting eleemosinary and charitable institutions and hospitals, are to be classed as irregular practitioners, and, therefore, disqualified for membership in this Association, or in State or County Societies.

Dr. Weatherly moved to refer this back to the State Societies. Agreed to.

On motion of Dr. L. A. Sayre, of N. Y., the report of the Committee on Ethics was received and adopted by a very large majority.

The following preamble and resolutions were offered by Dr. Henry Hartsorne, Pa., at the Section on Chemistry and Materia Medica, and by them adopted, were, on motion, unanimously adopted by the Association.

WHEREAS, In all capital criminal trials involving questions of medical jurisprudence, there is an obvious disadvantage in the testimony of scientific experts, being made to appear partial or antagonistic, by their being employed as witnesses upon one or the other side; therefore

*Resolved*, That it is the sense of this Association that in the important criminal cases requiring the evidence of medical or chemical experts, the cause of justice will be promoted by the appointment by the court, in every such case, of a com-

mission of experts empowered to collect all purely scientific testimony bearing on the case and report upon it to the court by which the case is to be tried.

*Resolved*, That by the appointment of such scientific commission, the present system of summoning chemical and medical witnesses in criminal trials might be dispensed with to advantage.

*Resolved*, That the same recommendation applies also to cases of surgical or medical malpractice.

*Resolved*, That the State Associations be requested to bring this matter at an early date before their Legislatures.

On motion of Dr. Edward C. Harwood, of New York, it was unanimously

*Resolved*, That we return our grateful thanks to our Permanent Secretary for his valuable services, and as a more permanent testimonial to his merit, we present him the sum of \$500.

On motion of Dr. L. S. Bolles, of Pa., it was

*Resolved*, That the resolution offered by Dr. Askew, of Delaware, and adopted by the Association, to-wit: "that all questions of a personal character, including complaints and protests, and all questions of credentials, be referred at once to the Committee on Ethics, and without discussion," be adopted by the Association as a standing resolution.

Dr. N. S. Davis then moved that after the President had given a farewell address, the Association should adjourn to meet in St. Louis on the first Tuesday of May, 1873.

The President then thanked the members for their kindness and courtesy to him, and declared the session adjourned until 1873.

#### OSAGE COUNTY MEDICAL ASSOCIATION.

The Association held its regular quarterly meeting at the residence of Doctor Pine, at Lyndon, May 1, 1872.

Drs. A. C. Brown, Foulds, Ball and Saulsbury were elected and became members.

The election of officers for the ensuing year resulted in the selection of Dr. W. L. Schenck, of Burlingame, President; A. C. Brown, of Lyndon, Vice-

President; O. E. Pine, of Lyndon, Secretary; G. T. Brown, of Burlingame, Treasurer, and Drs. Wilkinson, Foulds, and Ball, Censors.

Dr. Schenck delivered an inaugural address, for which the thanks of the Association were returned, and a copy requested for publication in the county papers.

Dr. Wilkinson was appointed essayist.

Drs. G. T. Brown, Pine and Ball were appointed a Committee on Malarial Diseases of Osage County.

Rheumatism was selected as a topic for general discussion.

Dr. Wilkinson, from the Committee on Fee Bill, made a report which was adopted, the members of the Association agreeing to be governed thereby.

## Bibliography.

*A Theoretical and Practical Treatise on Midwifery, including the Diseases of Pregnancy and Parturition.* By P. CAZEAU, member of the Imperial Academy of Medicines, etc., etc. Revised and Annotated by S. TARNIER, Adjunct Professor in the Faculty of Medicine of Paris; former Clinical Chief of the Lying-in-Hospital, etc., etc. Fifth American from the seventh French Edition. Translated by WM. R. BULLOCK, M. D. In one volume, royal octavo, of over 1,100 pages, with numerous lithographic and other illustrations on wood. Philadelphia: Lindsay & Blakiston. Price, \$6.50.

Cazeau's great work has become classical in its character, and ranks higher than any other work on the subject. It is in obstetrics what Gross' great work is in surgery. Plain and practicable in teaching, clear and explicit in directions for the management of the pregnant, parturient, and puerperal states, and fuller in details than any of its class, it is about as nearly perfect as such a production can be made. It is beautifully illustrated by one hundred and seventy fine lithographs and wood cuts, and in typographical execution is all that can be desired. Any one whose resources limit him to the purchase of one work on the subject, should by all means procure this one.

*Clinical Lectures on the Diseases of Women.* By Sir JAMES Y. SIMPSON, Bart., late Professor of Midwifery and the Diseases of Women and Children in the University of Edinburgh. New York: D. Appleton & Co. 1 vol., pp. 789. Price \$5.00.

This is the third volume of the works of Prof. Simpson. It contains fifty clinical lectures, ten of which never before appeared in print. These lectures are models in their line, and embrace in their discussion most of the important diseases of women.

Being the production of a master mind they should have a place in the library of every physician. It affords one exquisite pleasure, independent of the interest that attaches to the subject, to read his writings on account of the remarkable clearness of his descriptions and the conciseness of his sentences.

The volume is copiously illustrated and is gotten up in handsome style.

*Memoranda of Poisons.* By the late THOMAS HAWKES TANNER, M.D., F.L.S., etc. Third and completely revised edition. Philadelphia: Lindsay & Blakiston, 1872. Price 75 cents.

*Dr. Bigby's Obstetric Memoranda.* Fourth edition revised and enlarged. By ALFRED MEADOWS, M.D., etc. Philadelphia: Lindsay & Blakiston, 1872. Price 50 cents.

Both these little works have been carefully revised and greatly improved thereby. They are wonderfully convenient for hasty reference, and on account of their diminutive size are specially adapted for the country practitioner, who is frequently far removed from his base of supplies.

*A Treatise on Diseases of the Bones.* By THOMAS M. MARKOE, M.D., Professor of Surgery in the College of Physicians and Surgeons, New York City. New York: D. Appleton & Co.

Prof. Markoe's book contains the substance of his lectures delivered during the past twelve years, at the College of Physicians and Surgeons. With his well-known ability, the ample opportunities he has had for the study of the bones, and the great interest he has taken in the subject, it is not strange that he should have produced a book of such sterling worth.

The work is illustrated with 105 beautiful wood-cuts, and is gotten up in excellent style.

## The Medical Herald.

LEAVENWORTH, KANSAS, JULY, 1872.

WITH the present number we begin the sixth volume of the MEDICAL HERALD. Admonished by experience, we have changed the form of the journal and reduced the price. We expect thereby to reduce expenditures, increase its circulation, and at the same time furnish our patrons with the latest advances in science, the current news of the profession, and such comments as may suggest themselves from time to time. In this utilitarian age we cannot afford to be prodigal of words, and shall therefore condense as much as possible, and we expect all contributors to do the same. We desire to make the HERALD the especial organ of the profession of the State, and from the generous responses already received both in communications and subscriptions, we feel confident that it has entered upon an era of great prosperity. We shall enlarge the HERALD whenever the demands of the profession require it, and, therefore, solicit reports of cases, proceedings of societies, etc., etc., from all who are willing to contribute.

We may send a copy of this number to some who do not desire to take it. If there should be any such, they will confer a favor by returning it immediately.

Having assumed the entire responsibility of the publication of the HERALD, we shall lift our cart-wheels out of the old rut, and run them on a new track, more in accordance with the spirit of the age, and the requirements of the profession of the State.

AMERICAN MEDICAL ASSOCIATION.—  
At the recent meeting of the American Medical Association the attendance was

larger than ever before. The general good feeling and harmony that prevailed was in striking contrast with the tumult and disorder of the meeting last year, and was peculiarly appropriate in the city of brotherly love. The citizens of Philadelphia were generous in hospitality, and courteous in entertainment. As many interesting and valuable papers were read and discussed before the various *sections*, the forthcoming report will be looked for with unusual interest.

While we have ever looked upon this body as the representative of the profession of the United States, have honored it as such, and have been charitable toward its faults and mistakes, we nevertheless deem it our duty to fairly criticise its blunders in the hope of contributing something toward their rectification and prevention hereafter. In a future number we shall have something to say in reference to certain proceedings, which, to draw it mildly, were not very creditable to that body.

TOPEKA MEDICAL COLLEGE.—We have received a copy of *The First Announcement of the College of Physicians and Surgeons*, at Topeka, Kansas. It reflects credit upon the printer, and upon the genius who compiled it. Accompanying it was the professional card of one of the faculty on, the back of which was written, "*Investigate before you condemn.*" We have investigated, and as yet have not found enough of it *to condemn*.

A fine college building, a hospital, and a dispensary for the poor exist only in the announcement. They will undoubtedly be well ventilated, as they are purely airy structures. We would suggest that the "Lying-in Department, attached to the Dispensary," should be termed the Lying-out Department. In the early history of Kansas paper towns were

abundant. They were all eligibly located, and possessed peculiar advantages. The only things needed to make them large cities were population, houses, and business. It seems to us that the Topeka College sadly lacks several very essential requisites, among which may be mentioned a commodious building, hospital advantages, a good faculty, and a respectable number of students. The announcement declares that "the City of Topeka, with her large *floating* population, furnishes abundant material for clinical instruction."

We hope the waters will assuage in time for the meeting of the next Legislature, as the profession of the State is sadly in need of some legislation in its behalf.

We wish the Topeka College of Physicians and Surgeons an abundant measure of success, but under the circumstance we cannot consistently recommend it to those desiring to acquire a medical education.

MENTAL CONCEPTIONS.—One Dr. Z. C. McElroy, of Ohio, has for the past two years inflicted upon the various medical journals of the west a variety of lucubrations of a decidedly transcendental order. He certainly is a funny fellow, and we acknowledge ourselves indebted to him for many a hearty laugh; "but yet the pity of it, Iago!"

As a specimen of his style we quote from his last mental evolution as published in the May number of the *Medical Archives*:

"My diagnosis was, therefore, motionin material in the interest of repair nearly at a stand-still; while the waste of his various structures in the performance of function, notably prominent in his nasal passages, cavities, and brain, was proceeding at a rate corres-

ponding with the elevation of temperature above the natural or physiological velocity.

"The therapeutical indications drawn from or based on this diagnosis were, plainly, to retard the rate of motion in the interest of waste, and, if possible, advance that in the interest of repair, together with supplying the needful material for the repair of his steadily wasting structures.

My mental conceptions in investigating and prescribing for the case has included the actual condition of the molecular work of his body, as well as what opium can do, and how it will do it in modifying them. Without these definite mental conceptions my prescriptions would unavoidably have been something of the "I'll try opium in this case," or "I will try" something else. Guided by the formulas of thought—speculative beliefs—in use by the profession, many therapeutical expedients would probably have suggested themselves to my mind.

But with my clear mental conceptions of what was actually taking place in the body of my patient, none of these were considered. I selected opium, and selected it because I had, or thought I had, definite mental conceptions of what it would do, and how it would do, in the body of my patient. And I thought these definite mental conceptions represented the facts concerned to my mind correctly, because the results of previous observations and experience had confirmed them.

I think it quite within the range of probability that a dozen or fifteen years since, when I was personally floundering in the sea of uncertainty and doubt in pathology and therapeutics, this case would have extended over more time than it did, and perhaps proved much more serious; for it seems to me that I had a very good foundation for a very grave case, with any mistake or unnecessary professional interference. As it was, I think its successful termination, in so brief a time, and with so little medicine, was clearly due to my mental conceptions of the state of my patient, based on the actual condition of molecular

work in his body at the time, and equally definite mental conceptions of what therapeutic agents do, and how they do it, in the living body."

We are delighted to learn that the doctor has left the sea of doubt and uncertainty, and floated out on the ocean of absolute knowledge; for, while calmly reposing upon its transparent bosom, he can direct his ardent gaze toward "the brave o'erhanging firmament, that majestic roof fretted with golden fire," and indulge in *mental conceptions* of the unknowable, with an absolutely inappreciable waste of brain structure; at the same time, with a voice "attuned to harmony with the spheres," he can soothe his agitated frame and reduce the rate of waste in the interest of repair by indulging in that grand old oratorio, beginning thusly:

O! Doctor McElroy,  
You'r a broth of a boy,  
'Wid your mental conceptions of motion;  
Should you live till four-score,  
Niver write any more—  
It wud be sich an illigant notion.

THE April number of the *American Journal of Medical Sciences* contains a review of the trial of Mrs. Wharton on the charge of poisoning Gen. Ketchum, by Prof. Reese, of Philadelphia. The review is an able one, but is too long for publication in our pages. Those interested in toxicology will find it well worth reading.

What we wish to call especial attention to is the important fact, developed by Prof. McCulloch, of Virginia, that "if the organic substance in the solution acted upon by the sulphuretted hydrogen be the tincture of yellow jessamine, and several hours be allowed, the color of the precipitate is a decided orange-red." This cannot be distinguished from the (supposed) characteristic orange-red sulphide of antimony.

The development of this fact contributed largely toward the acquittal of the accused, the tincture of the jessamine being the medicine administered to Gen. Ketchum during his illness.

LOSTORFER'S CORPUSCLES.—Professor Bumstead writes to the N. Y. *Medical Record*, that from the investigations of Prof. Striker, the conclusion was evident that "the presence of these bodies is due to the impairment of nutrition, and the cachectic condition of the individual, and not to the existence of syphilis or any other one disease exclusively."

DIPLOMA SEEKING.—We clip the following from the *Medical Independent*. Who is Curtis, and where is Lindsey situated?

LINDSEY, KAS., June, 6th.

DR. WM. PAINE,

Dear Sir.

A friend of mine one who has practiced medicine for several years and is at present having a very large practice in this town and adjoining county but who has never graduated wishes a diploma. I promised to get him one if you will make it out in the name of the Philadelphia University of medicine and date it back three or four years for Dr. J. B. Curtis and remit the same by mail to him at this place I will send you \$25 on the receipt of the same.

I am yours truly,

O. E. Martin.

P. S. The name in full is James B. Curtis.

CHLORATE-HYDRATE.—Dr. Robert Amory reports, in the N. Y. *Medical Journal*, a series of fourteen experiments on various animals, "disproving the theory that chloral-hydrate acts on the organism on account of its decomposition into chloroform, by the alkaline carbonates in the blood."

It is a mistaken notion, also, that it is dangerous to mix the chloral with water before administration, or to give the patient water immediately after its administration.

THE OHIO STATE MEDICAL SOCIETY closed its three days session at Portsmouth, June 16. The attendance was large, the session harmonious, and the citizens of Portsmouth generously hospitable. The following officers were elected for the ensuing year:

President, Dr. A. B. Jones; Vice-Presidents, Drs. A. Blymer, J. D. Cotton, W. A. Anderson, J. B. Hough; Treasurer, Dr. S. S. Gray; Secretaries, Drs. J. W. Hadlock, W. J. Conklin.

## Correspondence.

UNDER this caption we desire to present a monthly mirror of the condition of the health in various sections of the State. Not being ubiquitous, we must depend upon our friends for the necessary information. Our acquaintance with, and knowledge of, the following gentlemen, warrant us in designating them as correspondents from their localities:

Doniphan, Dr. Crook; Atchison, Dr. Burge; Holton, Dr. Adamson; Osaloosa, Dr. Hogeboom; Wyandotte, Dr. Speck; Lawrence, Dr. Wilder; Topeka, Dr. Stormont; Wamego, Dr. Baldwin; Manhattan, Dr. Roberts; Junction City, Dr. Jones; Salina, Dr. Crowley; Emporia, Dr. Trueworthy; Garnett, Dr. Lindsay; Osawatomie, Dr. Lee; Burlingame, Dr. Schenck; Paola, Dr. Hoover; Ft. Scott, Dr. Baldwin; Mound City, Dr. Johnson. Reports should be forwarded by the 10th of each month.

We learn that in Atchison, Holton, Wyandotte, Lawrence, and Topeka, no epidemic is prevailing, but on the contrary, it is unusually healthy. The same may be said in regard to the health of this city.

## Miscellany.

WE desire to call the especial attention of our readers to our advertising pages. Advertisers are just as essential to the support and success of a periodical, as subscribers. Besides, the best and most reliable business men are the most liberal advertisers. A personal acquaintance with our city advertisers in the HERALD, warrants us in the assertion that they are the leading business men in their various departments, and that they can be relied upon for honesty, integrity, ability and fair dealing.

Our foreign advertisers have a well-established reputation, and all the articles they offer for sale can be had in this city.

The largely increased circulation of the HERALD this year makes it a desirable medium for those wishing to make their business known. As we will, under no circumstances, advertise a bogus concern, those wishing us to purchase their articles and pay one-half in advertising, will confer a favor by not annoying us with their solicitations.

MESSRS. LINDSAY & BLAKISTON, Philadelphia, have issued a Medical Book Circular, containing a list of the books published by them, also a list of those in process of publication. As they devote themselves entirely to the publication of "works on medicine and the collateral sciences," they can offer unusual facilities to authors in publishing and extending the sale of their works. A complete catalogue of their publications, with prices annexed, will be furnished by them upon application.

WHEN one performs a generous act he is entitled to credit therefor. We take occasion to thank the following gentle-

men for their liberality and manifest determination to give the HERALD a hearty support, by subscribing for more copies than they actually require: Dr. C. A. Logan, 5; Drs. Thomas, 3; Dr. Brock, 3; Dr. Houston, 2; Drs. Wilder & Morse, 4; Dr. D. C. Jones, 2; Dr. C. P. Lee, 3; Dr. Lindsay, 2.

We of course feel obliged to those who have subscribed for a single copy each, but we expect to furnish them an equivalent in the way of information.

WE have received some valuable books from Wm. Wood & Co., D. Appleton & Co., and H. C. Lea, which we will notice in due time.

The publishing houses above mentioned are so well and favorably known that it would seem to be a work of supererogation to say anything in their favor. Yet, on the ground that a good thing cannot be too often repeated, we take pleasure and pride in pointing to the success of these monuments to the industry, energy, enterprise and intelligence of the American people.

THE following communications were received too late for this issue: "One of the Evils of the Day," by Dr. Trueworthy; "The Suppression of Quackery," by Dr. Burge, and "Double Lobar Pneumonitis," by Dr. Brooke.

*Harper's Weekly* and *Monthly*, *Scribner's Monthly*, and the *Eclectic Magazine* appear upon our table. They are most welcome visitors, as they are always filled with entertaining and instructive matter, judiciously selected and abreast of the times.

ALL communications should be addressed, "THE MEDICAL HERALD, Leavenworth, Kansas."



# THE MEDICAL HERALD.

VOL. VI.

AUGUST, 1872.

No. 2.

## Original Communications.

### DOUBLE LOBAR PNEUMONITIS.

By SAMUEL W. BROOKE, M.D., Sabetha, Kansas.

May 27, 1872.—Called to see Cyrus Bearns, who had been in Sabetha about a fortnight, working on a railroad section, aged 27 years; lymphatico-nervous temperament; anæmic. Has been temperate about a year, in striking contrast to former dissipation. Represented that he had experienced two attacks of lung fever, and one of pleurisy, between nineteen and twenty-five years of age. Labored under great depression for thirty-six hours before summoning me, not supposing any serious trouble beyond a severe cold.

10 o'clock A. M.—Pulse 142, rather full, but irregular; skin hot and dry; one slight, hardened evacuation from bowels ten hours previous; slight nausea for several hours; vomited once; prolabia livid; countenance anxious; lids and cheeks puffed and swollen; eyes reddened and suffused; tongue reddish edges, with brownish, white center; slight delirium; patient's description of pain suggesting pleurodynia; no urine voided for several hours; slight rusty-colored expectoration; but little cough; lower lobe of left lung laboring under an active exudation; dullness on percussion; crepitant *râle*; discovered subcrepitant *râle* in inspiration.

Left powders of hyd., chlo., mit., pulv. opii., pulvis jalap and ant. et pot. tart. Applied cantharidal collodion externally.

Administered x gtt verat. viride before leaving bedside.

4 o'clock P. M.—Pulse 122, unstable but compressible; exudation in left lobe proceeding without abatement; was anxious to bleed on first visit; realized the importance of venesection now, but dared not do it for fear that I might impair the *quality* of the circulating volume without diminishing the *quantity*. Drastic effect of powders superb. The inflammatory exudation and solidification being now fully established, the case was really placed in my hands in the second stage, under quite unfavorable auspices. Cough increased in violence; a yellowish, rusty, adhesive expectoration; respirations increased and difficult; muttering delirium; a circumscribed redness of right cheek; skin hot, but a little softened; vomited a little bile, but the expectoration inclining to a yellowish cast, it was difficult to determine the proportion of bile. Directed sodæ et pot. tart. in half oz. doses every hour until five operations of bowels were induced. Opii. and ant. et pot. tart. every hour alternate with saline until patient felt more tranquilized. Mustard poultices to soles of feet. Enema, terebinth, ℥ss; treacle and suds, aa ℥ij.

May 28.—Pulse 100, irregular, rather full; bronchial respiration; exudation extending superiorly; applied cantharidal collodion over affected portion; iodine to former irritated surface; passed three ounces of urine, high colored; tested severally each ounce, no precipitate, excused the presence of the chlorides on

account of the extension of the inflammatory exudation; persistent hiccough for several hours. Gave tinct. opii., am. sps. aromat, chloroform, tinct camphor, vin. antim; checked after the second dose; skin hot and flushed; evacuations watery and free; nausea violent; vomited bile, the efforts inducing hiccough from time to time; expectoration of prune juice character. Prescribed pulv. opii., hyd. chlo., mit. and digitalis.

May 29, pulse 98. Nearly the entire left lung involved; marked dullness; intense suffering from cough when present; bronchopony; slight purulent expectoration, effort generally exciting hiccough; hurried and exceedingly difficult broncho-vesicular respiration; chilliness; patient complained that he could no longer lie comfortably; anxious to die; determined to get out of bed, etc. A careful examination of right lung disclosed crepitant rhoncus; vocal resonance somewhat disguised; percussion proclaimed evident dullness. The dyspnoea and dilatation of the alæ nasi filled me with apprehensions that I had a first-class funeral close at hand. Blistered affected region. Directed pulv. opii., hyd. chlo., mit., squills and digitalis. Increased the dose of the preparation ordered for hiccough, and continued alternately with foregoing. Ordered ice and forbade water. Muco-purulent expectoration.

May 30.—At times a purulent expectoration, at others a viscid, opaque, tenacious sputa, sometimes a fresh, bloody streak in gangrenous, foul looking sputa.

Pulse 102 at visit, but disposed to waver 10 or 15 either way; added terebinth to preparation for hiccough, that combination being given in large doses. Applied iodine to left side; delirium; patient scratched his face terribly; trimmed his finger nails after it was too late;

bit his tongue; seemed to do all he could to end his existence; refused medicine, etc.; bowels moved; signs of resolution in left lung; exudation seemed to be interrupted in right lung; some hiccough.

June 1.—Patient sinking; brief respiration; voided urine; no chlorides; skin clammy; face flushed; eyes suffused; scratches on face; numerous pustules between shoulder blades, and irritated surfaces discharge purulent matter; expectoration foul; symptoms of resolution in left lung; explored right lung and found solidification and universal dullness.

Ordered turpentine stupe to abdomen; discontinued tartar emetic; continued all other medicine. Continued old Hennessy brandy with quinia, maintaining pulse at 85.

June 2.—Collapsed state.

June 3.—Collapsed state.

June 4.—Pulse raised to 94; resolution of left lung progressing rapidly; voided 9 ounces urine freely; faint trace of chlorides; expectoration free; gave gum acac., opii., bism., sub. nit. in large dose to fully check bowels; pushed brandy, opium and ammonia; injected beef tea; continued medicine.

June 5.—Improving; dropped digitalis.

June 6.—Discontinued hyd., chlo., mit., and squills.

June 7.—Resolution in right lobe apparent, but obstinate; pulse 94 but feeble; no appetite; occasional hiccough after severe coughing or expectoration.

June 8 and 9, same.

June 10.—Severe bronchitis; difficult respiration and deglutition; could not easily induce sleep; used bromide of ammonium with good results.

June 12.—Used squills, senega, sarsaparilla and potass hyd.

June 14.—Discharged patient, order-

ing am. spts. aromat., squills, quinia and brandy. Used chlo. potass for irritation of throat.

This case will teach us that while there is life there is hope, and the one great measure should be to support the powers of life until a reparation is effected at the seat of disease.

### THE SUPPRESSION OF QUACKERY.

By WM. G. BURGE, M.D., Atchison, Kansas.

Our State law for the suppression and prevention of quackery, although very good in itself, is nevertheless entirely inoperative, and a perfect dead-letter, for the simple reason that neither the public nor the profession will ever take the first step towards its enforcement. The people are measurably innocent. Medicine is a thing too deep for them. Not one in a thousand, outside of the profession, thinks anything about it till sickness compels him to call a physician, and then he makes his selection at the suggestion of some friend as little informed as himself, or from his own slight personal acquaintance with some individual who styles himself doctor. With the profession the motive for non-interference in this matter is different. They are not willing to lay themselves liable to the suspicion of persecuting another from interested motives. They know that the public are unfortunately, but necessarily, incapable of discriminating between the charlatan and the true physician, and that their action in the premises would be misconstrued. The quack also is fully aware of this, and, hence, notwithstanding the law he boldly pursues his cruel but money-making course, and all things remain as they were from the beginning. Now, in all modesty, I wish to suggest what has occurred to me

would be, to a great extent, a remedy for this: Let the next Legislature pass a law compelling the registration of diplomas from regularly chartered medical schools before persons shall be permitted to publish themselves as physicians. Let provision be made that registration shall be under oath in the County Clerk's office, and open to inspection, and in case of non-compliance, the offender liable to a discouraging penalty.

If such a law were in existence (I judge others by myself) not a member of the profession would hesitate to present the name of a delinquent.

One more word with regard to the State Legislature. At the last annual meeting of the State Medical Society, a committee was appointed to petition the next Legislature for a law providing for the registration of marriages, births, and deaths. This seems to me a matter of vital importance, from the enforcement of which would issue statistics of great value. Kansas is far behind many of her sister States in this business, but I trust she will soon overtake and out run them all in a wise and thorough course of sanitary measures. But I believe it to be our duty, not only to strive to make our beloved State a model of excellence in these respects, but also in cultivating a missionary spirit toward the whole nation, and do all in our power at Washington to secure the enactment of such laws relating to medical matters as will effectually put a stop to present abuses, and redound to the health and consequent prosperity of the whole country. And this leads me to the expression of a few thoughts on the subject of patent medicines. It has been promulgated as a principle of our patent system that novelty alone is not sufficient ground for the issuing of a patent. The element of usefulness is equally essential. A few

years ago a man made application for a patent for a new and very ingenious club for policemen, from the sides of which lancets could be made to project by simply touching a spring; the object being to prevent an unruly rascal from wrenching it from the policeman's hand. The applicant was refused a patent, not because there was any question as to the novelty of his invention, but because its general employment would be liable to abuses, and might be fraught with vastly more mischief than usefulness. Now this is precisely the case with nine-tenths of all the nostrums which receive governmental protection, and are sold under the name of patent medicines. The country is flooded with these preparations, a careful analysis of which reveals the fact that some are simply inert, others well enough adapted to certain states or conditions of disease, and still others positively poisonous. All of them claim many more virtues than they possess, and promise to do much more than it is possible for them to accomplish. Thus they become potent instruments in the hands of gamblers for obtaining money under false pretenses. A member of one drug firm in New York, (proprietors of a popular patent medicine), informed me that they expended \$100,000.00 in advertising, before they began to realize any net profit from the article; and that any man possessed with sufficient boldness in speculation to follow their example, would be sure to make a fortune whether his medicines was good for anything or not. Most of these bottled imps are the offspring of ignorant, unprincipled and ambitious dabblers in pharmacy, who know as little about disease and their appropriate remedies, as an organ-blower does about thorough bass. Now it is simply scandalous and disgusting that a

government which pretends to desire the promotion of the health and happiness of its people, should give its support to these nefarious schemes of plunder and rapine which are constantly being perpetrated upon the innocent, but too credulous public. 'Tis devoutly to be hoped that our next Congress will undertake and accomplish a revision of our patent laws in this respect.

### ONE OF THE EVILS OF THE DAY.

By J. W. TRUEWORTHY, M.D., Emporia, Kansas.

There seems to be an inclination among the medical profession of the day to make the uterus the scape-goat of many a latent malady of the female. And I believe practitioners are persuaded to do so in some cases now-a-days, from the fact that it is quite convenient to refer to the womb a vast number of complaints of which they either had not the tact or skill to determine the seat and nature, thinking, also, at the same time, that if they referred the affection to the womb, it would be very acceptable to the patient, as they all know that the minds of females are for the most part bent upon calling every obscure difficulty which they may have, womb disease. Thousands of nervous ladies, suffering from some slight and obscure derangement of digestion or other departure of health, are secretly informed by friends that the womb—that wonderful and mysterious organ—is diseased; and sometimes we cannot persuade them otherwise, when we are consulted. I am one of those who believe that the uterus, like the liver, has to suffer a great many times without any just cause. I have known poor, delicate women to be tortured terribly with some rattle-trap of a pessary, or uterine supporter, thinking she had

falling of the womb, or prolapsus, when nothing was the matter with the uterus at all. Medical men, especially young practitioners, as well as the opposite sex themselves, have a vague notion that about three-fourths of all females are afflicted with some mysterious disorder of the reproductive organs — especially falling of the womb — to cure which they must have some pessary or other introduced, greatly to the annoyance of the female.

But while it is true that uterine diseases exist, and form a large class of affections which are capable of destroying the health and happiness of the sex, yet who can doubt that those diseases are over estimated, and that quackery has an open field to display its humbuggery.

If it be true that the uterus is so afflicted as some try to make it, we, as medical men, should be up and stirring, and direct our attention more to the treatment of uterine complaints.

In general, no diseases are more readily susceptible of accurate diagnosis than those of, and peculiar to the uterus. If it be ulceration it can be seen as distinctly as if upon the arm. If there is unnatural enlargement it is as detectable as a swollen tongue, or an enlarged tonsil. If there is a tumor of any description, it is as demonstrative as a similar growth upon the neck. If there is any displacement it is as visible to the eye as a fracture or dislocated limb; and in as much as we are supplied with so many mechanical aids to help us in investigating and diagnosing uterine disease, he who makes a wrong diagnosis has no excuse. And yet these false opinions are continually given, greatly to the discredit of many a physician in the eyes of his associates in practice, and the profession generally. It is time that uterine pa-

thology should be more thoroughly understood, and then, and not until then, will we cease from referring every trivial ailment of the female to the womb.

## Society Proceedings.

### OSAGE COUNTY MEDICAL ASSOCIATION.

The regular meeting of the Osage County Medical Association was held at the office of Dr. Schenck, in Osage City, July 3, 1872.

The minutes of the last meeting were read and approved.

Dr. Wilkinson, Committee on Fee Bill, presented an account of \$10 for printing, which was ordered paid.

The resolution making the first quarterly meeting in May, was adopted.

The President, Dr. W. L. Schenck, delivered a very able inaugural on the "Physiological Action of Alcohol." A copy was requested for publication in the MEDICAL HERALD.

Dr. Wilkinson, essayist, read a paper on "Liberal Therapeutics," which was discussed and accepted.

The Association adjourned to dine with Dr. Schenck.

### AFTERNOON SESSION.

Dr. Parker Ball, from Committee on Malarial Diseases of Osage County, reported. After an interesting discussion, Typho-Malarial Diseases was made the subject for Special Committee, to report upon at the next meeting of the Association. Drs. Schenck, Wilkinson and Foulds appointed said committee.

Dr. A. C. Brown was appointed essayist.

Menstrual Irregularities was selected as the subject of general discussion.

The Association adjourned to meet at Melvern on the first Wednesday in October.

O. C. PINE, Sec'y.

## SHAWNEE COUNTY MEDICAL SOCIETY.

The regular quarterly meeting of the Shawnee County Medical Society was held in Topeka, July 3, 1872.

The following members were present: Drs. Tefft, Watson, Wyman, Shelton, McDonald, Minnis, Woodward, Kennedy, and Stormont.

The following papers were read:

Dr. Stormont, Committee on Obstetrics, read a report on this subject, which was devoted principally to the pathology and treatment of irregular contractions of the uterus, and puerperal convulsions, illustrated by cases.

Dr. Shelton reported a case of Fistula in Ano, successfully treated by a single injection of the ethereal solution of iodine, 20 gr. to the fl. oz.

Dr. McDonald reported three cases of fracture of the clavicle, in which the bone was kept *in situ* by adhesive strips, instead of the bandage.

Dr. Woodward reported a case of purpura hemorrhagica.

Dr. Watson read a paper on the vital principle, in which he opposed the doctrine of the assimilation of simple elements, or of inorganic compounds in the human organism.

Dr. Wyman read an essay on Intermittent Fever, in which he advocated the administration of large doses of quinine, without regard to the stage of the paroxysm.

Each of these papers gave rise to more or less discussion.

Dr. Watson was appointed to report on materia medica at the next quarterly meeting; and each member is required to read a paper.

On motion the Society adjourned to meet on the first Wednesday in October, at 2 o'clock P. M.

D. W. STORMONT, *Sec'y.*

## WEST VIRGINIA STATE MEDICAL SOCIETY.

We are indebted to Dr. G. W. Baird for a copy of the *Wheeling Register*, containing a report of the proceedings of the State Medical Society, held June 6, 7 and 8.

The officers elected for the ensuing year are as follows:

President, Dr. R. H. Cummins; First Vice-President, Dr. Roemer; Second Vice-President, Dr. R. P. Davis; Third Vice-President, Dr. Moore; Secretary, Dr. Wm. Dent; Treasurer, Dr. J. C. Hupp; Board of Censors, Drs. Bates, Young, Hall, Hildreth, Allen, Davis and Sanford.

As it may be of interest to the Directors of a certain Medical College not a hundred miles from here, we extract the following from the proceedings:

"The report of the Board of Censors, to which the matter of a settlement with the late Secretary, Dr. Jas. E. Reeves, had been referred, was taken from the table and read. The report shows that Dr. Reeves owed the Society the sum of \$13, which sum he has since paid. The Board further state that they have found, in an examination of the case, a want of due respect on the part of Dr. Reeves towards the gentlemen composing this society, in addressing a letter abounding in highly offensive language to the chairman of the committee appointed by your President, and the Board of Censors would respectfully insist that such a course of action is and should be contrary to the tenor of the Code of Ethics, by which this society is governed, is liable to severe reprehension, and unless properly adjusted by Dr. Reeves in his full acknowledgment of the wrong, we would recommend his expulsion. The report of the Board of Censors was adopted.

"Quite a lively discussion grew out of a motion to have the letter referred to in report of the Board of Censors read. It was finally ordered to be read.

"Dr. Reeves, then, in obedience to the

requirements of the report of the Board of Censors, and by permission of the society, made an explanation of the causes which led to the writing of the letter, and an apology to the society which was deemed unsatisfactory.

"Dr. Reeves then made the following written apology:

"In my letter to the special committee I say that I saw certain credits, etc., made on the Treasurer's books by the Treasurer, 'that if they do not now so appear, they must have been erased, etc., or that my eyes did not serve me correctly.' The said committee of unprejudiced gentlemen, said after an examination of said records, that they find no such evidences of alteration. Therefore I was surely mistaken, and I heartily regret having made this declaration or any other unkind allusions to this society.

JAMES E. REEVES."

On motion, the apology was voted sufficient.

## Bibliography.

*Earth as a Topical Application in Surgery.* By ADDINELL HEWSON, M.D., one of the attending Surgeons to the Pennsylvania Hospital, with four Photo-Relief Illustrations. Philadelphia: Lindsay & Blackiston, 1872, pp. 309.

This work consists, first, of reports of ninety-three cases of wounds, burns, carbuncles, etc., treated by the local application of earth alone, followed by comments of the author. And, second, of a discussion of the *modus operandi* of the earth as a deodorizer, its influence upon putrefaction, and its effects upon living parts.

The efficiency of simple earth as a deodorizer, and the convenience and rapid introduction of the dry earth commode, make it obligatory upon every physician who cares to march in the front rank of his profession, to familiarize himself with all that is known upon the subject.

Dr. Hewson treats the subject carefully and candidly, exhibiting no more

of enthusiasm than is compatible with an earnestness of purpose. It is a book replete with information of a valuable and practical character.

The work is illustrated with four photo-reliefs, and in typography and binding, is unexceptionable.

*The Treatment of Venereal Diseases; A Monograph on the Method Pursued in Vienna Hospital, under the direction of Prof. VON SIGMUND, including all the Formulæ.* By M. H. HENRY, M.D., Surgeon to the N. Y. Dispensary—Department of Venereal and Skin Diseases, &c., &c. Adapted and arranged from the German. New York: Wm. Wood & Co., 1872.

The Vienna Hospital Department for Venereal Diseases being the largest, and probably the best appointed in the world, a report of the numerous cases treated, and the methods adopted, is of great value to any one called upon to manage these affections.

The two hundred formulæ attached to the report furnish an abundant resource from which to draw in individual cases.

The monograph is handsomely bound.

*Lithotomy and Lithotripsy.* Illustrated by cases in the practice of GORDON BUCK, M.D., Visiting Surgeon to the New York Hospital, and Presbyterian Hospital, Consulting Surgeon to Rosenfelt Hospital, and St. Luke's Hospital. New York: Wm. Wood & Co., 1872.

This monograph consists of a report of fifty cases treated by Dr. Buck in the various hospitals under his charge, together with a description and illustration of the instruments used, and his method of performing the operations. The ripe experience of the author, and his thorough acquaintance with the subject, makes anything he may publish worthy of investigation.

*Report to the Surgeon General on the Minute Anatomy of Two Cases of Cancer.* By Assistant Surgeon J. J. WOODWARD, U. S. Army. Washington, D. C., 1872.

The author informs us that this may be regarded as the first of a series of

essays on morbid growths, the material for which is abundant in the Army Medical Museum.

The Surgeon General, with his able corps of assistants, is doing just what the country expects and desires, viz: Making the collections in the museum generally useful by publishing descriptions of the more important cases, accompanied by suitable illustrations. This report is illustrated by two splendid photo-micrographs, the one on enameled paper being in our opinion far superior that on plain paper.

THE LUNG TEST.—M. Poucet showed, at a meeting of the Lyons *Societe des Sciences Medicales*, the lungs of a fœtus prematurely born. The child had cried, breathed, and lived an extra-uterine life of ten hours; but the lungs sank completely in water, as if no respiration had taken place. Other cases of the same kind have been related by other observers, showing the insecurity of the lung test in forensic medicine.—*Lancet*.

## Correspondence.

ALL our correspondents have gone on tours of pleasure and recreation, with the single exception of the indefatigable Dr. Stormont, who writes as follows:

EDITOR HERALD:

*Dear Sir*—Up to this time the health of Topeka and vicinity has kept good. Malarial diseases are just beginning to appear, but only occasionally.

Yours truly,

D. W. STORMONT.

Since our last issue several cases of cerebro-spinal meningitis have occurred in this city. The disease thus far has been confined to young children, in the majority of the cases with fatal results.

## The Medical Herald.

LEAVENWORTH, KANSAS, AUGUST, 1872.

### MEDICAL EDUCATION.

FOR several years past, the American Medical Association has been at work upon the problem of a higher standard of medical education. The object sought to be accomplished meets with almost universal favor, but the methods thus far employed seem to us to be radically defective. In solving the problem, the first requisite is the elimination of the impossibilities. The possibilities will then stand out more prominently.

The greatest good to the greatest number, coupled with the greatest freedom consistent with safety, are the governing principles underlying our republican institutions. They necessarily allow a large degree of latitude to the individual, and in solving the problem under consideration, must not be ignored. As a resultant, any State may grant charters for any number of medical colleges, nor can this be prohibited by congressional legislation. Local medical colleges, or more properly speaking, *cheap diploma factories*, like cross-road groceries, are convenient, and therefore will always exist; besides individual ambition must have this method of gratification. Such colleges, in order to live, must cater to the wishes of those who patronize them, and if the average abilities and acquirements of the students are of a low standard, the requisites for graduation will be in accordance therewith. Each faculty is a law unto itself in such matters. There is not, and in the nature of things there cannot be any organization between the various colleges of the land whereby a uniformity can be secured—the differences in the circumstances surrounding each will not admit of it.



The National Medical Association can legislate as much as it pleases, but possesses no power to enforce its mandates. It may establish a National Medical College, but has no means to place it upon a respectable basis financially, nor to sustain it if it were started. Quoting the language of a western poet, the Association may '*resoloot till the cows come home*,' and the Topeka College of Physicians and Surgeons, the Kansas City College of Physicians and Surgeons, *et id omne genus*, will laugh at its senile garrulity. It is just as impossible to legislate one-horse colleges out of existence, as it is to legislate quacks out of existence. As long as they can secure sufficient patronage they will flourish. Having disposed of the *impossibilities*, what are the *possibilities*? Several plans suggest themselves, three of which we will mention:

1. Let the American Medical Association dismiss from its consideration the subject of medical education, and leave the various medical colleges to a generous rivalry and the criticism of the medical press. Each decade in the history of medical teaching in the United States has shown a great advance upon the preceding one, and it is fair to presume that as knowledge, wealth, and facilities for instruction increase, the leading schools at least will advance *pari passu*.

2. Let the National Association appoint committees disconnected with medical schools to report annually upon the condition of every school in the country, the character of the faculty, the museum and library of each, the extent of the apparatus for experiment and illustration, the amount of the clinical and anatomical material, and the thoroughness, or otherwise of the examination for degrees. This would present each college in its true light, make each more circumspect,

and furnish a table of comparisons for the information of medical students throughout the country. The natural results of which would be, that the best schools would secure the largest patronage. This plan would be entirely within the province of the association; and in order that local jealousies and rivalry should not interfere with a fair report, the committee appointed to report upon a particular college should be non-residents of the place in which the college is located.

Two objections to this plan present: The first consists in the difficulty of obtaining committees that will act; and the second, in the fact that a large proportion of these who attend the meetings of the association are Professors in the various medical colleges, and would probably make common cause against such a method of espionage.

3. Sometimes the object for which we are diligently searching lies so near us that if it were a snake it would bite us. Within the last ten years the Surgeon General's Department has accumulated a larger collection of anatomical and pathological specimens than exists in any other place in the world. The library already contains about fourteen thousand volumes of medical works, and is rapidly increasing. Magnificent microscopes and photographic apparatus of the best quality are in daily use by active, industrious, and competent persons. The City of Washington is already sufficiently populous to furnish an abundance of material for clinical instruction. The time is not far distant when, around this center, there must inevitably grow up a National Medical University, in which will be realized our highest conceptions of a medical school. The American Medical Association by a united ef-

fort could secure such an institution at an early date, and the result would be that in all the cities, with perhaps the exception of New York and Philadelphia, the various medical colleges would be compelled to unite, concentrate their resources, and approximate the National University in its excellencies, or die for want of patronage.

In the smaller towns the so-called colleges would simply become preparatory schools, both for students and lecturers, and instead of an annual flock of *half-fledged* doctors, we would have, in lesser numbers, those who would reflect credit upon a noble profession. In a future number we shall present a plan for the organization of a National Medical University.

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AN INSESSORIAL PRESIDENT.—According to the development theory, man, as the head of the animal kingdom, retains, both physically and mentally, either in a rudimentary or a fully developed state, the chief characteristics of all the orders of animals that have preceded him. While reading the annual address of the late president of the American Medical Association, the negative character of that production induced us to trace down the branches of the genealogical tree in order to determine, if possible, from what particular order of animals he derived his chief characteristics. In the zoological classification of birds, the first order is called Insectores, or Perching-Birds. "This order is the most numerous and varied of the whole class. Its character seems principally negative; for it embraces those birds which are neither swimmers, waders, climbers, rapacious, nor gallinaceous."

As the aliment served up by the President to gratify the delicate and sensitive

palate of the Association, was neither "fish, flesh, nor fowl," we infer that in the zoological category he belongs to the above mentioned order.

We quote for the information of our readers:

"Woman makes a better nurse than our sex. . . . How natural the conclusion, if better nurses, why not at least as good physicians? In all candor I must say I am unable to find a satisfactory reason why women might not succeed in some lines of our profession. Certain paths there are which for the honor of the sex, I hope they will not aspire to tread. . . . But in tact, in grace, in gentleness, they might presume to rival us, and with these pleasing qualities would be welcome visitors to many a sick-chamber.

"The best proof that women may make learned doctors is the fact that in times past, if medical history is to be credited, they have given to the profession members of true erudition. Women taught side by side with men in the first medical school established in the Christian era.

"I have strong doubts whether female physicians will ever become very numerous. Their own sex does not incline very much to them. The movement which is now startling the world with its din will probably end in no great results. But it depends on the public. What the people decree in this matter is a law to which all, we and the women alike, must bow submissively. If they want women doctors, such will be found ready to meet the demand. If those now pressing forward in their studies so eagerly, find their services are not wanted, they will take down their signs, get married—if they can—or turn lecturers, or to some more lucrative employment. I hope they will never embarrass us by a personal application for seats in this Association, I could not vote for that."

A more vigorous effort to grasp both horns of a dilemma, and to hold on to them, was never before manifested. The

utterly reckless bravery with which he perched himself upon the topmost rail of the fence, was only equaled by his sublime indifference to the cackling on either side. Don Quixote, in his palmyest days, never ran a more desperate tilt nor achieved greater success.

We have a modest request to make in behalf of our friends, which is, that the publishing committee will place at the head of the address the celebrated lines of Hudibras, as a warning to all, of the devious and uncertain road they will have to travel, should they attempt to follow the line of argument:

"He wired in and wired out,  
And left the people still in doubt,  
Whether the snake that made the track,  
Was going in or coming back."

**CHLORALUM AS A DEODORIZER AND DISINFECTANT.**—Chemistry is the handmaid of medicine. The physician is indebted to the manufacturing chemist for the numerous elegant and convenient preparations now in use, and should be duly grateful therefor; but it is not wise to accept, unquestioned, all the statements he may make in reference to the medicinal value of the articles he offers for sale.

As chloralum preparations of various kinds are being extensively advertised as something wonderful in the line of disinfectants, we propose to furnish our readers with a few items of information relative thereto.

"Prof. H. Fleck, (*Journal Applied Chemistry*), on the 15th of January, '72, reported to the government of Saxony, a series of experiments made with chloralum manufactured by the Chloralum Company in London."

"A chemical analysis was made of the fluid contents of a neatly labeled half-liter

vessel, (a little more than one pint). This liquid contained:

	Per cent.
Water-----	82.32
Chloride of lead-----	0.15
Chloride of copper-----	0.10
Chloride of aluminum-----	13.00
Chloride of iron-----	0.42
Chloride of lime and gypsum-----	3.11
	100.00

"In order to test the importance of chloralum as a disinfectant, equal volumes of sewage were treated with chloralum, alum, chloride of lime, sulphate of iron, quick lime and chloride of magnesium, and the impurities in the clarified solution determined with alkaline silver solution. The value of these substances for disinfecting and clarifying is expressed by the following figures:

	Per Cent.
Chloride of lime disinfected-----	100.0
Caustic lime disinfected-----	84.6
Alum disinfected-----	80.4
Sulphate of iron disinfected-----	76.7
<i>Chloralum</i> disinfected-----	74.0
Chloride of magnesium disinfected-----	57.0

The disinfecting and clarifying power of chloralum is less than that of alum, or sulphate of alumina, and of sulphate of iron, which are distinguished by their cheapness."

From the foregoing it will be seen that chloralum is simply a solution of chloride of aluminum in water, and that on the score of economy it can never supersede several of the articles mentioned above.

While, therefore, chloralum possesses no advantages, in power and efficacy, as a disinfectant and deodorizer, over the various other articles in common use, it has qualities which make it preferable to all others for a variety of purposes. Being almost odorless, non-poisonous and non-caustic in the form in which it is offered for sale, it is peculiarly fitted for domestic use.

Tilden & Co., of New York, are manufacturing what they call Bromo-Chloralum.

lum. There is probably just enough bromine in it to entitle it to the double name, and to distinguish it from the English preparation. The bromine in no wise adds to or detracts from its value or efficiency.

We have used the Bromo-Chloralum and can testify to its value, and do not hesitate to express our preference for it over many other articles, which, while they dispose of one odor substitute another almost as objectionable.

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LOCAL TREATMENT OF SMALL-POX.—A writer in the London *Lancet* recommends the local application of liq. calc. sulph. in this disease, and reports great success therewith. We doubt its efficacy as well as that of any other local application, but at the same time we are willing that others should try his method of treatment. He reports two cases as follows:

"A boy of some ten or eleven years of age, who on Sunday last first showed the papular rash *very thickly* spread over the face, and fairly abundant over the body, whose primary fever had been very violent, with wild delirium, had the lotion applied over the whole body. I saw him yesterday (Wednesday), and found him quite well; the papules remained papules, and proceeded no further in development, but showed minute crusts on the surface of each papule, and where several were clustered together, and would inevitably have become confluent, they remained *in statu quo*, arrested and destroyed. I am quite confident that had the disease been allowed to have its course, a serious and anxious case would have resulted; but by aid of the liq. calc. sulph. he is now in good health, with good appetite, and anxious to be up and down stairs.

This boy's father took the disease while nursing a friend, and when I saw him the papules were becoming vesicles. By the application of the liq. calc. sulph.

they *immediately* became pustular and died away; but he tells me he has had no scabs, and, having seen the course of the disease in his friend, is astonished and delighted with the lotion, and, therefore when, upon his recovery, his son and wife were attacked, he immediately applied the lotion in the papular stage, with the remarkable result already stated.

In the whole of the cases treated by us the evidence of the patients is conclusive; and I think, whatever ultimate opinion the profession may form of this "cure for small-pox," they will not be justified without giving it a full and fair trial. Having treated the primary fever by constitutional means, my hope is that we may be enabled to treat with perfect success and satisfaction the cutaneous disease cutaneously, and that we may arrive at the end of the horrors of small-pox."

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CEREBRO-SPINAL MENINGITIS.—Dr. J. C. Reeve, of Dayton, Ohio, (*Clinic*, July 6,) recommends the following treatment:

"Put the patient promptly under the influence of morphia administered hypodermically and keep him under it. I certainly cannot assent to the doctrine that opium only does good because administered towards the end of the disease.

"Apply for the first day or two ice to the back of the neck; afterwards, blisters.

"Waste no time in giving cathartics and waiting for them to act.

"I would use other remedies, of course, according to varying indications, but believe this to be the line to fight it out on."

Dr. N. S. Davis, (*Chicago Medical Examiner*), recommends tr. calabar bean, ℥j, fl. ex. ergot, ℥jss. Mix. Give a tablespoonful every two hours, and he omitted all other medicines. This treatment had more apparent effect than any other tried.

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PUNCTURING THE INTESTINE in cases of strangulated hernia is strongly recommended by Mr. Bryant, surgeon to Guy's Hospital. In a clinical lecture, reported in the *Medical Times and Gazette*, he says

that he believes it to be scientifically correct to evacuate the distended and progressively distending knuckle of intestine which has escaped outside the tight and scarcely elastic ring and which, as the strangulation develops, must sooner or later give way by sloughing. He cites one case in his own practice, which, he believes, strongly corroborates the theoretical advantages of the operation, and confirms the practical benefits resulting in the experiences of others when tapping of the hernia has been performed before using the knife. He concludes his observations as follows:

"Considering, then, that, with such examples as we have, tapping is not attended with much danger, surely, we are justified in having resort to it before any more serious operative interference, with every prospect of doing good."

IS SUICIDE A SIGN OF INSANITY?—In the Superior Court of Baltimore, a verdict has been rendered against the Germania Life Insurance Company, of New York, for \$2,000, the amount of a policy on the life of Lewis Fallman, who committed suicide in 1871. It was held the company was liable if the jury found the deceased had killed himself in a fit of insanity.

Some companies hold it *priori* evidence of insanity to commit suicide. Such a view is inconsistent with history and experience. Time was, when it was held an honorable thing to do, as witness the ancient Romans and Japanese. It depends on theoretical views of life and death whether it is or is not a rational or and sensible act under many circumstances. These considerations have never been more forcibly put than in Hamlet's famous soliloquy, commencing, "To be, or not to be."—*Med. and Surg. Rep.*

TO TEST GREEN PAPER FOR ARSENIC.—We have been asked for a simple method of doing this. The tests for arsenic, strictly so called, are suited only to laboratory use, but since it is the arsenite of copper that is employed for the poisonous green colors, a test for *copper* is sufficient for ordinary purposes. Put a drop of

aqua ammonia on the suspected paper, and if it changes the color to blue, you may be sure that copper is there, and almost as sure that arsenic is present also. There is not one chance in a hundred that a more critical examination would lead to a different conclusion. At any rate, we advise our readers not to use any paper on the walls of their houses, or for any other purpose, if this simple test makes its character suspicious.—*Boston Journal Chemistry.*

MERITED HONOR.—Franklin College, Ohio, recently conferred the title of L.L.D. upon Prof. Sam'l G. Armor, of Long Island Medical College. Had they searched the world over they could not have found a riper scholar, a more genial gentleman, or a person more worthy of the honor conferred.

RUSH MEDICAL COLLEGE, with *resurgam* written on her banners, is contending as manfully for patronage as when in the pride of her power she boasted of the finest college building in the land. A commodious building, in connection with Cook County Hospital, has been erected, containing a lecture room arranged precisely like that of the former college.

A PALPABLE HIT.—The *Boston Medical and Surgical Journal*, one of the very best of our exchanges, is responsible for the following thrust at the legal fraternity:

"The Criminal Code admits a new form of indictment in these latter days: Assault with intent to become insane."

HONOR FOR AMERICAN SURGEONS.—The title of Doctor of Civil Law, has recently been conferred upon our distinguished countryman, Prof. Samuel D. Gross, by the University of Oxford, England.

The King of Sweeden has made Dr. Lewis A. Sayre, of New York, a Knight of the Royal Order of the Wasa, in consideration of his services to surgery in that country.

## Miscellany.

MODESTY, or rather a sense of propriety, forbids our publishing the congratulatory letters received upon the first issue of the HERALD in its new dress.

We take occasion to thank one and all for their words of good cheer, and to assure them that we will spare no pains to make the HERALD an instructive and entertaining journal. To Mr. J. C. Ketcheson, the best practical printer in the State, is due the credit for the fine typographical appearance of the HERALD.

ATTENTION is called to the advertisement of *Bellevue Hospital Medical College*, with its splendid corps of teachers; and also to that of the *Detroit Medical College*, the Spring Term of which has been abandoned and the Winter Term lengthened.

LOCATION for sale—see advertising pages.

THE *Kansas Magazine* has achieved success. Web Wilder thought a mortal wound had been inflicted when it published his article. This proved to be merely one of his Wild(er) dreams. Kill it again Web!

As an item of news, we wish to mention that *Harper's Monthly*, the *Eclectic*, and *Scribner's Monthly*, for August, present unusual attractions. Read them and find out.

A BABY lately had the misfortune to swallow the contents of a bottle of ink. Its mother, with wonderful presence of mind, immediately administered a box of steel pens, and two sheets of foolscap paper, and the child has felt write inside ever since.—*Ex.*

## PREMIUMS FOR NEW SUBSCRIBERS!

Any one who will remit the amount for two subscriptions for the present volume of the HERALD, will receive, free by mail, a copy of either of the following works:

Tanner's Memoranda of Poisons.

Bigby's Obstetric Memoranda.

Stimulants and Narcotics, by Geo. M. Beard.

Eating and Drinking—a popular manual of food and diet in health and disease—by Geo. M. Beard.

For three subscriptions, either of the following:

Bartholow on Spermatorrhea.

Siégle on the Treatment of Diseases of the Throat and Lungs by Inhalation.

Nestel's Galvano-Tharapeutics.

Wright on Headaches.

Vanburen on Diseases of the Rectum.

For four subscriptions, either of the following:

Tanner's Clinical Medicine.

Williams' Recent Advances in Ophthalmic Science.

Roscoe's Elementary Chemistry.

For five subscriptions, either of the following:

Chambers' on Indigestions.

Hartshorn's Essentials of the Practice of Medicine

Williams' on Consumption.

Stille's Epidemic Meningitis.

For ten subscriptions, any Medical or Surgical work published in this country, the price of which does not exceed six dollars.

EDITING a medical journal is very much like carrying an umbrella on a windy day: Everybody thinks he could manage better than the one who has hold of the handle.

# THE MEDICAL HERALD.

VOL. VI.

SEPTEMBER, 1872.

No. 3.

## Original Communications.

### DISLOCATION OF THE RADIO-CARPAL ARTICULATION.

By J. W. BROCK, M.D., Leavenworth, Kansas.

A case of this rare accident came under our notice August 4, 1872, in the person of a colored boy, æt. 13, who fell from a tree in such a manner as to bring the left arm underneath in the fall, and the whole weight of his body being received upon the back of the hand and wrist, violently flexing the hand on the forearm. The accident occurred about three-fourths of a mile distant from the city, and we saw the case about thirty minutes after the accident. No swelling to any extent had as yet taken place. The arm presented very much the appearance of a fracture of the lower third of the radius. An irregular prominence had made its appearance on the dorsal surface of the wrist-joint, caused by the overriding of the carpus; also one on its palmar aspect, caused by the projection downwards of the articular extremities of the radius and ulna, and being easily traced in a continuous line with the shafts of those bones; the hand was slightly drawn backwards; fingers partially flexed on the palm; a marked depression immediately above the original site of the joint on the dorsal surface; no crepitation discoverable at any point whatever; pronation and supination impossible; a great deal of pain at the site of the lesion; mobility of joint destroyed. After being fully satisfied that there was no fracture of either bone, we proceeded

to verify our diagnosis by reducing the luxation, which we did by making steady extension and counter-extension in a straight line, when suddenly, and with a very perceptible click, the bones resumed their natural positions. The functions of the joint were now completely restored, the acts of supination and pronation being performed by the patient himself. We now examined the parts for a fracture, but none was discoverable at any point. With all the manipulations which were instituted for this object, it did not in the least disturb the natural position of the joint. The parts were now dressed by applying two well padded, straight splints—one to the dorsal, the other to the palmar surface of the joint—and by the application of a roller. The forearm was then carried across the chest at a right angle with the arm, and the whole supported in a sling. I was assisted by Dr. Houston, and Mr. C. C. Goddard, my office student.

Gross, in his description of this lesion, says:

"The possibility of dislocation of the wrist-joint has been a point of controversy from an early period of the profession down to the present moment. Observations made, both in Europe and this country, indisputably prove that, although the lesion is exceedingly uncommon, its occurrence is not only possible, but it has been repeatedly made the subject of the most satisfactory clinical study.

"The lesion can occur in but two directions, backwards in which the carpus

is thrown up behind, and forwards in which it is thrown down in front of the radius and ulna; lateral dislocations being impossible without fracture of the styloid processes."

Hamilton, after speaking of the variety of the lesion, gives an account of the following case, which is the only simple dislocation of the wrist-joint that ever came under his notice:

"The Rev. Stephen Porter, æt. 75, while walking with his son after dark, and holding in his right hand a satchel, slipped and fell. In the effort to save himself, and still retain his grasp upon the satchel, his right hand struck the sidewalk, flexed, and in such a way as that the whole force of the fall was received upon the back of the hand and wrist, thus throwing the hand into a state of extreme flexion. In less than twenty minutes he was at my house. No swelling had yet occurred, and the moment I looked at the wrist, I said to him, "You have broken your arm," so much did it resemble a fracture of the lower end of the radius. A farther examination led me to a different conclusion. The palmar surface of the wrist presented an abrupt rising near the radio-carpal articulation, the summit of which was on the same plane and continuous with the bones of the forearm, and a corresponding elevation existed upon the dorsal surface, terminating in the carpal bones and hand; the hand was slightly inclined backwards, but the fingers were moderately flexed upon the palm. To this extent the accident bore the features of a fracture of the radius; but the hand did not fall to the radial side; the projections upon the palmar and dorsal surfaces were more abrupt than I had ever seen in a case of fracture, and which, if it were a fracture, would imply that the

broken extremities had been driven off from each other completely; the most salient angles of these projections were abrupt, but not sharp or ragged; the styloid apophyses could be distinctly felt, and I was not only enabled to determine that they were not broken, but by observing their relations to the palmar and dorsal eminences, it was easy to see that these latter corresponded to the situation of the articulation. In addition to these evidences that I had to deal with a dislocation and not a fracture, we had the testimony furnished by the reduction, which was not made, however, until by every possible means the diagnosis was definitely settled. Seizing the hand of the gentleman with my own hand, palm to palm, and making moderate but steady extension in a straight line, the bones suddenly resumed their places with the usual sensation or sound accompanying reductions. There was no grating or chafing, or crushing, nor was the reduction accomplished gradually, but suddenly. To test still further the accuracy of the diagnosis, I now pressed forcibly upon the wrist from before back, but without producing any degree of displacement, nor could any crepitus still be detected. No splint was applied, and on the following morning Mr. Porter preached from one of the pulpits in the city, only retaining his arm in a sling. Sixteen months afterwards I found the arm perfect in all respects, except that it was not quite as strong as before; the lower extremity of the ulna was preternaturally movable, and occasionally he felt a sudden slipping in the radio-carpal articulation."

Dislocation of the wrist-joint was considered not of unusual occurrence by Hippocrates, Petit, Duverny, Bayer, and by most, if not all of the ancient writers.



Its frequency was first called in question by Poutian, and finally was almost declared as absolutely impossible by Dupuytren, who gives his reasons as follows:

"In examining the structures of the soft parts, one cannot fail to perceive that it is not the ligaments which prevent the displacement, but the tendons of the numerous muscles of the forearm, which surround and protect the joint in an almost perfect manner; and the resistance of which is almost incalculable."

He does not totally deny its occurrence, but regards it next to impossible.

### THE PHYSIOLOGICAL ACTION OF ALCOHOL.

By W. L. SCHENCK, M.D., Osage City, Kansas.

The physician who conceives his duties begin and end with the daily routine of practice, degrades his profession to a mere trade, which he pursues solely for dollars and cents, and has but a feeble conception of the high vocation whereunto he is called; and it is as much his professional duty to enlighten the uninformed public on the action and effects of agents in daily use among the people, and which tend to their injury, as it is to obtain a correct knowledge of their therapia, or to communicate new discoveries to his professional brethren. That no sin may cling to his garments, he should study the action of such agents with special care.

Pereira, in his *Materia Medica*, says of alcohol as a *stomachic stimulant*, it is used to relieve spasmodic pains, check vomiting—especially in sea-sickness. As a *powerful excitant* it is used to excite the vital powers, prevent fainting during tedious operations, and to relieve syncope and languor.

Christison & Griffith, in their dispen-

satory, tell us that alcohol is primarily stimulant, and secondarily sedative, but that "the secondary and narcotic action, as an internal agent, are not turned to use in the practice of medicine," and that "alcoholic liquors are more or less diuretic." The U. S. Dispensatory speaks of alcohol as "*a powerful diffusible stimulant*," and says, "*it communicates additional energy to the muscles, and gives temporary exaltation to the mental powers.*"

Dunglison, in his *Dictionary of Medicine*, defines alcohol as "*a powerful stimulus*." Such is the almost universal testimony of those upon whom we look as guides in medical knowledge. Even Prof. Carpenter, in his prize essay upon alcoholic liquors to enable the body to resist the depressing influence of cold, is, perhaps, the best established of all its attributes, not merely in the estimation of the uninformed public, but in the opinion of those who have scientifically considered the question. The genial warmth which is experienced for a time when a glass of spirits is taken on a cold day, appears to afford unmistakable evidence of its heat producing power; and the chemical properties of alcohol would seem to indicate, that, under such circumstances, *it does not merely act as a stimulant, increasing the activity of the circulation, and augmenting nervous energy*, but that it also affords material for the combusive process, by which the heat of the body is sustained."

Under such teaching, to obtain these grand results,—"*material for the combusive process by which the heat of the body is sustained*," "*additional energy to the muscular system*," "*exaltation of the mental powers*," relief from languor, and increased digestion, "*a powerful stimulus*," wise men and fools have alike resorted to the use of the alcoholic liquors

and, alas! have found deranged digestion, additional languor, lessened ability to resist the depressing influence of cold, trembling muscles, debased or destroyed mental and moral powers, and that the wise man and the fool dieth alike.

Several years ago I published a series of articles, taking the position that alcohol is not a stimulant, but an anæsthetic and sedative, and more mature thought has only confirmed this view. What is a stimulant? In the language of Dunglison, "a medicine which has the power of exciting the organic action of the different systems of the economy." Has alcohol this power? All stimulants excite organic action. All organic action increases metamorphosis. Metamorphosis is the great life action, which, when perfect, secures perfect health. The ever active, watchful life removes each particle of the body, worn out by the attrition of use, and replaces it with a new particle, and the body is kept perfect in form and function. Does alcohol increase metamorphosis? Carefully conducted experiments have shown the contrary. Lehmann, in his *Physiological Chemistry*, says: "We cannot believe that alcohol, therine, etc., belong to the class of substances which are capable of contributing toward the maintenance of the vital functions. We saw this, for instance, in the case of alcohol, which, when taken with the food, diminishes instead of increasing the pulmonary exhalations." Vierrodt found the excretion of carbonic acid was both absolutely and relatively diminished, even after the moderate use of spirituous liquors. And Prout, that the increased excretion of carbonic acid, which accompanies digestion was considerably checked. Prof. Chambers, from experiments made at St. Mary's Hospital, London, reports "when taken in the dram, tipler's fashion, alco-

hol always diminishes and renders irregular vital metamorphosis in all parts of the body." When taken in small quantities with the food he found it improved digestion, and increased the renewal of muscle, but retarded the renewal of nervous tissue. How then can alcohol, which arrests the great life action, metamorphosis, and prevents, even when taken in small quantities, the renewal of tissue, and especially that system which controls all the others, the nervous, be considered a stimulant? Why has it thus been considered? Because, as Prof. Carpenter says, its effects "*appear* to afford unmistakable evidence," and its properties "*seem* to indicate" that it is a stimulant. Let us examine these apparer' effects. When brought into contact with the body it produces pain and redness, and increases the secretion of mucus, and so "seems" to stimulate.

When applied to mucous surfaces it increases the "secretion" of mucus; as the old toper says, "It cuts the phlegm," and because of this increased action it demanded a stimulant. What is this mucus? Partially destroyed, blasted epithelial cells, budding and dividing so rapidly that there is speedily developed an amount of matter much greater than the epithelium it was designed to produce. It is the activity of the lower forms of vitality, distinguished for their rapidity and profuseness of reproduction. It is arrested cell development, striving toward a perfect cell, but exhausting itself in a vain effort. If the alcohol is kept long in contact with the mucous membrane, albumen or fat escape, and we have muco-purulent, or purulent "secretion." Dr. Beaumont reports of St. Martin: "He has been drinking ardent spirits pretty freely for the past eight or ten days; stomach not healthy, erythema, with apthous patches and vitiated secre-

tions." And when the potations had been continued a few days longer, he says, "the gastric fluids extracted this morning were mixed with large portions of thick, ropy mucus, and considerable muco-purulent matter, slightly tinged with blood, resembling discharges from the bowels in chronic dysentery." And he says any liquor containing alcohol uniformly produced these results. Is this secretion an evidence of increased vitality? Then the discharges in nasal catarrh and dysentery are an evidence of increased health. All who have stood beside the bed of the dying, and heard the "death-rattle," have witnessed the same kind of increased vitality—greatest when nearest death. The action of alcohol on mucus surfaces is first to dry them by staying the natural secretion, or aqueous exhalation, with which, in a state of health they are bathed, and then to deluge them with an abnormal mucus to retard capillary circulation, and lower nervous sensibility. Of this last effect, in his delightful little volume on "The Indigestion," Prof. Chambers says, "in indigestion this is its use." Its action here is not stimulant, but the opposite.

Its local application is followed by redness, and this is taken for capillary activity. Careful examination will show that it lessens the tonicity of the walls of the blood vessels, and hence dilatation, congestion, and the reddened surface. Surely this remora in the circulation is not an evidence of exalted vitality, the effect of a stimulant. But how are we to account for its relieving the exalted condition following slight local injuries? It is a secondary effect of anæsthesia, and we shall observe it under various circumstances. "*Ubi irritatio ibi fluxus.*" The irritation of the injured nerves is quieted by the anæsthetic, and though it would tend by lessening

nervous sensibility, and destroying the tone of the walls to produce engorgement in health, here in an exalted condition of the nerves, the action is balanced and health restored. It is "*Similia Similibus Curantur*," but not upon the principle of Hahnemann. Though the ultimate results are seemingly alike, the physiological action is disease, and there is no limit to its power of destroying nervous sensibility. Apply concentrated alcohol to the leg of a frog and you destroy both sensation and motion. Immerse an earth-worm in it, and there is immediate paralysis of the gastric nerves and death comes as from a blow upon the stomach.

[ TO BE CONTINUED.]

### CEREBRO-SPINAL MENINGITIS.

By E. TEFFT, M.D., Topeka, Kansas.

In the August number of the HERALD, hypodermic injections of morphia are recommended in cerebro-spinal meningitis, with ice to the back of the neck. The injections I have never used, and consequently have no personal experience in their operation. I have treated my last cases as I do acute rheumatism, (and I believe this is the true nature of the disease).

I gave large doses of quinine and Dover's powder in the commencement, alternated with iodo-bromide of calcium (Tilden's) accompanied by warm fomentations to the base of the brain and upper portion of spine. Thus far this treatment has been attended with complete success.

I have just treated one of the most unpromising cases I ever saw with the best of results. The child had partial spasms every few minutes; pupils dilated and contracted alternately to the full extent; head thrown back, gasping for

breath, screaming out with agony; urine scanty; extremely tender over base of brain and upper portion of spine; cold feet and hands, and pulse frequent, small and wiry.

I had but little hope of success, but treated it as above indicated, and it improved from day to day until it got perfectly well.

I do not know that the iodo-bromide of calcium is any better than other articles of the same class, but as it is the one I have been using in rheumatic affections more than any other, I used it in this case, and like its effects. I saw a report by a doctor in Illinois, who states that he has cured nearly every case by a similar treatment, and from my own experience I do not hesitate to recommend it to others.

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## Society Proceedings.

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### JACKSON COUNTY MEDICAL SOCIETY.

There was a regular meeting of the Jackson County Medical Society on Thursday, August 1st, at the office of Dr. V. V. Adamson, in Holton, with Dr. L. P. Paddock, President, in the chair.

Present — Drs. Williams, Adamson, Paddock and Clements.

Dr. J. T. Scott's name was presented by the Censors, and he was unanimously elected a member of the Society.

The office of Secretary being declared vacant, by reason of the removal of Dr. A. C. Simminton from the County, Dr. J. T. Scott was elected to fill the vacancy.

An interesting paper was read by Dr. Adamson, on "The Diagnosis of Female Diseases," in which two cases were reported. The Society manifested its appreciation of the able manner in which the doctor handled his subject, by re-

questing that a copy be furnished the HERALD for publication.

Dr. Paddock was appointed essayist for the next regular meeting.

The Society adjourned to meet November 28, 1872, at the office of Dr. Adamson.

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## Bibliography.

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*History of Medicine from the Earliest Ages to the commencement of the Nineteenth Century.* By ROBLEY DUNGLISON, M.D., L.L.D., late Professor of the Institutes of Medicine and Medical Jurisprudence, in the Jefferson Medical College of Philadelphia. Arranged and edited by RICHARD J. DUNGLISON, M.D., Philadelphia: Lindsay & Blakiston, 1872. Price, \$2.00.

Every member of the profession should be familiar with his own family history. Besides, it is both interesting and encouraging to note the progressive steps in the development of Medicine from its infancy up to its present state of manhood. A section, relating to American Medical History, has been added by the editor. The familiar name of Robley Dunglison, as the author, renders any words of commendation unnecessary.

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*Lectures on Aural Catarrh; or the commonest forms of Deafness and their cure.* By PETER ALLEN, M.D., Fellow of the Royal College of Surgeons, Edinburgh; Aural Surgeon to, and Lecturer on Aural Surgery, at St. Mary's Hospital, etc., New York: William Wood & Co., 1872.

This is just the book we have been looking for, lo! these many days. It tells us how to examine, what to look for, where to find the disease, and how to treat a very common, obstinate, and annoying affection, and one that is usually much neglected. In addition to other illustrations, it contains a colored plate, showing the route taken by the Eustachian Tube Catheter along the inferior meatus, and floor of the nostril, into the orifice of the Eustachian Tube.

*A Treatise on the Diseases of Infancy and Childhood*; Second Edition; enlarged and thoroughly revised. By LEWIS SMITH, M.D., Curator to the Nursery and Child's Hospital, New York; Physician to the Infant's Hospital, Ward's Island; Lecturer on Diseases of Children in Bellevue Hospital, Medical College, etc. Philadelphia: Henry C. Lea, 1872.

The second edition of Dr. Smith's excellent treatise, comes to us with an increase in the size and number of its pages. Nearly twenty additional diseases have been treated of, among which may be mentioned, Diseases Incidental to Birth, Rachitis, Tuberculosis, Scrofula, Intermittent, Remittent, and Typhoid Fevers, Chorea, and the various forms of Paralysis. The chief characteristic of this work consists in the absence of the old, conventional formulæ, and the introduction of a therapia more in accordance with the present advanced state of pathology.

Whether, in almost entirely discarding the various preparations of mercury, he has not over-stepped the line, remains to be determined.

*A Treatise on Human Physiology; designed for the use of Students and Practitioners of Medicine.* By JOHN C. DALTON, M.D., Professor of Physiology and Hygiene, in the College of Physicians and Surgeons, New York, etc., etc.; Fifth edition, revised and enlarged, with two hundred and eighty-four Illustrations. Philadelphia: Henry C. Lea, 1871. Price, extra cloth, \$5.25; leather, \$6.25.

Every physician on this continent is familiar with, and acknowledges the pre-eminent value of Prof. Dalton's Physiology. We therefore, in noticing the new edition, permit the author to speak for himself in reference to the changes and additions that he has made:

"In preparing the present edition of this work, the general plan and arrangement of the previous editions have been retained so far as they have been found useful and adapted to the purposes of a text-book for students of medicine. The incessant advance of all the natural and physical sciences, never more active than

within the last five years, has furnished many valuable aids to the special investigation of the physiologist; and the progress of physiological research, during the same period, has required a careful revision of the entire work, and the modification or rearrangement of many of its parts. At this day, nothing is regarded as of any value in natural science which is not based upon direct and intelligible observation or experiment; and, accordingly, the discussion of doubtful or theoretical questions has been avoided, as a general rule, in the present volume, while new facts, from whatever source, if fully established, have been added and incorporated with the results of previous investigation. A number of new illustrations have been introduced, and a few of the older ones that seemed to be no longer useful, have been omitted. In all the changes and additions thus made, it has been the aim of the writer to make the book, in its present form, a faithful exponent of the actual conditions of physiological science.

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## Correspondence.

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WAMEGO, KAS., Aug. 2, 1872.

ED. HERALD:—Since the early part of July our community has suffered considerably from bowel complaints, many of them peculiarly obstinate, with dysenteric tendency. The disease has been confined mostly to children so far, a few severe cases, however, appearing among adults. There is a malarial poison generally manifest, and periodic fevers are appearing.

M. O. BALDWIN, M.D.

MANHATTAN, KAS., Aug. 14, 1872.

ED. HERALD:—During the last month dysentery has prevailed almost as an epidemic, owing, doubtless, to the excessively hot and rainy weather. Malarial diseases are just appearing, but only the milder forms.

The previous month there was no sickness, *ergo*, no correspondence.

H. S. ROBERTS, M.D.

## The Medical Herald.

LEAVENWORTH, KANSAS, SEPTEMBER, 1872.

A NATIONAL MEDICAL UNIVERSITY.—Politicians tell us that the “logic of events is inexorable.” Precisely what this means is not clear to us unless we transpose it into the old Calvinistic doctrine, that, whatever is to be will be, whether it comes to pass or not. With this interpretation we proceed to remark that the logic of events point to the establishment of a National Medical University. As there are probably several persons in the nation whose perceptive are not sufficiently acute to enable them to see the point, we deem it but just that they should be furnished with glasses to correct their obliquity of vision.

The late rebellion demonstrated the vast superiority of regularly educated military and naval officers over those called by necessity from civil life, and justified the wisdom of government in maintaining her schools at West Point and Annapolis. Without disparagement to the noble band of surgeons, taken from civil life, who, with skill and devotion, ministered to the wants and necessities of the soldier in the late rebellion, it is but truth to say that the military surgeon requires a special education and training to fit him for the efficient management of his department, and therefore a wise prudence dictates the propriety of Government educating her own military surgeons.

Were there no other reason, this of itself is a sufficient one for the establishment, by the Government, of a National Medical School.

The admission of others to an attendance upon lectures would in no wise interfere with its special function; but on

the contrary, would be of benefit in reducing the expense of maintaining such an institution.

As remarked in a former article, the Army Medical Museum and Library contain a collection of material peculiarly fitted for the purpose of a Medical University. We learn from Dr. J. M. Toner, that there are in Washington six considerable hospitals, easy of access by street railroads, with a capacity of about 1,200 beds, and in which there are annually treated about 6,000 patients. Sooner or later this material must be utilized.

With reference to the minute details of the organization of a University, we have now nothing to say, and shall only outline some general features which, in our opinion, should be conspicuously prominent, omitting for the present any consideration of the special rules and regulations which should govern *medical cadets*.

The Professors should be selected for their qualifications alone, with fixed salaries, at least equal to those of the members of the Supreme Court of the United States, thereby making them entirely independent of the patronage of students.

Dr. Roosa, in his address to the alumni of the University of New York, used the following language.

“What we most need, and first of all, in our medical colleges—a need which only alumni can fill by their influence and efforts—are endowments for professorships. All the teachers should be free from taint of desire of large classes, merely that their salaries may be increased. We need more opportunities for special studies and investigations in chemical and physiological laboratories, in the dissecting-rooms, and the clinical wards. We also need libraries and scholarships, in short, what money will bring, money not to be spent on the outside of the cup and platter, the college building and the lecture-room, but for the support

of men who are willing to labor for science, if science can give them their bread and butter."

The sessions should begin on the first Monday in September, and close on the first Monday in the following March.

The University should be accessible to all persons of a proper age, without regard to sex, complexion, literary acquirements, or nationality; the students paying for tickets to any course, or courses of lectures they may choose to attend.

The examination for degrees should be made at the close of each term by a Board of Examiners, entirely independent of and distinct from the teachers, who should be adequately paid for their services, and who should grant diplomas upon qualification alone, without reference to the term of study, other than that all applicants for degrees should have regularly attended one or more courses of lectures in that institution during the just expired collegiate year. The Board of Examiners should make and publish a detailed report of the examination of each applicant for a degree, whether successful or not. This examination would demonstrate the literary qualifications of the applicant, which should be as essential a requisite as qualification in any of the various branches of medicine, and would dispose of the question of preliminary education, to which but little, if any, regard is paid by the various medical colleges now in existence.

There should be no extra charge for a diploma. The graduate having complied with all the other requirements, is entitled to a certificate to that effect. We strongly suspect that the diploma fee frequently becomes a cogent argument in favor of the graduation of improper persons.

The exalted character of such a school

would make it a distinguished honor to hold its certificate of qualification, and the same *logic of events* formerly mentioned, would compel, on the part of other medical schools in the land, a conformation to the standard of requirements adopted by this.

We do not propose to engage in a wholesale condemnation of the present system of medical education. It has accomplished and is accomplishing much good, and besides, is progressive in its tendencies. But as contentment is the enemy of progress, we are reprehensible if we do not strive for something better. Arbitrary legislation has, and always will fail. Our hope lies in the contagious influence of example. We confidently believe that the establishment of a National Medical University, in full accord with the liberal and progressive spirit of our Republican Institutions, with all the modern improvements in the art of teaching, and of a character so exalted, that the world would acknowledge its claims, will do more to settle the vexed question of medical education than all other plans combined.

OBITUARY.—Our confidence in the old adage, that "every man is the architect of his own fortune," is sadly shaken by the daily observation of the lamentable failures of those whose success seemed assured by all the evidences which usually form the basis of such an opinion. There must in such cases be an evil destiny lurking around them and urging them to self-destruction.

The subject of this sketch is a case in point, and while it is an unpleasant duty to write the obituary of one still in the flesh, we are impelled to the task, not out of any regard for the individual, but from a sense of obligation to those who in the hereafter may be wise enough to

take warning from example, and banish the foul fiend before it has secured a hold upon the vitals.

Endowed by nature with a fair form and a bright intellect, and by art with pleasing manners and a fine address; fortunate in the possession of means for furnishing an intellectual culture and a professional training far beyond the average; surrounded by influences which secured to him an exalted social position and a lucrative practice; the universal judgment was, that if time would only deal gently with him, he would make a name entitled to a record high up on the scroll of professional fame, and that when his hand grew palsied and his eye dim, "all that which should accompany old age, as honor, love, obedience, and troops of friends," would be his in bounteous fullness. But, alas! for the hopes of mankind, in the bright hour of success, the fiend of destiny seized upon him, tortured him by day and harrassed him by night with mad dreams of golden grandeur, smothered all his generous and noble impulses, and doomed him to perpetual disgrace.

We charitably believe that, like Jacob of old, he struggled long and manfully with the spirit, but unlike Jacob, he did not prevail.

As a faithful chronicler, it becomes our painful duty to narrate, that, in the beautiful city of Georgetown, laved by the classic waters of the Potomac, and illumed by the reflected hues of the gorgeous capitol—in all their marble purity—the ghost of his young ambition mournfully wanders among his accustomed haunts, tortured by the malignant sneers of the demon of his blasted hopes. The magnificent temple, panoplied in golden promises, supported upon huge columns of brazen effrontery, surmounted by a

dome glittering with assurance, designed and constructed by that master architect of quick fortunes, Mr. Charletan, dedicated to the high art of quackery, and presided over by the new priestess *Cundurango*, at whose shrine suffering millions should bring votive offerings of rare value and return cured—of their delusion—suddenly toppled from its treacherous foundations and buried both priestess and founder, so deeply beneath its ruins that they will be seen and heard of no more forever. So mote it be.

The sublimity of heroism consists in self-immolation. *Dulce et decorum est pro institutum mori*. The blind Sampson to revenge himself upon his tormentors, pulled down the temple and involved himself with them, in one common ruin. But the subject of this sketch, animated by a nobler motive, emulating the example of the antique Roman, majestically threw to the winds all professional pride, honor, and renown, and deliberately inscribed his name upon the scroll of infamy, as an example to all coming generations of the deep damnation that attaches to such a falling off.

As a slight tribute to his genius for invention, we re-publish the following from the advertising pages of *Harpers' Weekly*, confident in the assurance that the brilliant conception emanated from his own fertile intellect:

### **CUNDURANGO.**

*Supply of bark assured; price reduced.*

BLISS, KEENE & Co.'s FLUID EXTRACT cures Cancer, Scrofula, Syphilis, Rheumatism, Ulcers, Skin Diseases, and all Blood Diseases.

The best known Blood-Purifier. Sold by all Druggists. Price, \$3 per bottle.

In this brazen age, when every Vanderbilt can erect his own statue, and hire an applauding multitude, we do not believe the profession would be willing



to contribute toward the erection of a monument to the deceased. But lest in the far future, a generation should arise more advanced than the present one, and more appreciative of the services he has rendered to mankind, and should desire to indulge in ceremonies commemorative of his virtues, we wish to contribute for the occasion the following hymn, which should be sung to the tune of the "Rogues' March," accompanied by a brass band.

The best Cundurango,  
Made by Bliss, Keene & Co.,  
In spite of all his blow,  
Proved to be a "*no go*."  
To terminate his woe  
He went down below.  
When arrived there, d'you know,  
Infernal old Pluto  
Had arranged in a row  
A million corpse's or so,  
To salute the old crow;  
Designed, also, to show  
Where all the poor fools go  
Who take Cundurango.

PROF. YANDELL'S ADDRESS.—We have received—with the compliments of the author—a copy, in pamphlet form, of the "Address before the American Medical Association, by David W. Yandell, M.D., President," for which we return our thanks. Grammatically and rhetorically considered, it is a scholarly production, but its perusal forcibly reminds us of the reply of Hamlet to the question of Polonius:

"POL. What do you read, my Lord?

"HAM. Slanders, sir: for the satirical rogue says here, that old men have gray beards; that their faces are wrinkled; their eyes purging thick amber, and plum-tree gum; and that they have a plentiful lack of wit, together with most weak hams; all of which, sir, though I most powerfully and potently believe, yet

hold it not honesty to have it thus set down."

If Prof. Yandell ever had any powerful and potent convictions upon the subjects discussed in his address, he honestly avoided setting them down.

ABORTION.—Dr. J. S. Hidden, of Centralia, who was arrested on charge of producing abortion and death, has waived an examination, and given bonds for his appearance at the next term of the District Court.—*State Record*.

As there are some physicians not a hundred miles from this city, who have already acquired a rather unenviable reputation in this regard, we take occasion to sound a note of warning. The Teutonic motto, "*better look a leetle out*," is recommended for their consideration.

DISTINGUISHED VISITOR.—Dr. Edward Parrish of Philadelphia, author of "Parrish's Pharmacy," and one of the oldest and most prominent pharmacutists in this country, visited this city last week, as the guest of R. J. Brown. We hope he will find it convenient on his return from the far west to remain longer with us.

PROGRESS.—The Medical College of Ohio is at last waking up from its long sleep. We are pleased to note the following evidence of progress on the part of our *Alma Mater*:

"The long room above the laboratory is to be fitted up with tables and apparatus for each student, and chemistry is to be taught, as it only can be taught, directly in the laboratory. The same action provides also for the appointment of a competent Demonstrator of Chemistry, who is to supervise experimentation, etc., in chemistry, in the same manner that the Demonstrator of Anatomy devotes his time to practical instruction in his department.—*The Clinic*.

IDIOPATHIC HYDROPHOBIA.—The *Chicago Medical Examiner* of July 15, contains the report of a case of hydrophobia, in which there was no known evidence of inoculation or poisoning. The patient was admitted to Mercy Hospital, Jan. 24, 1872, at 12 M., and died the following morning, at 7 o'clock. He was aged twenty-eight years, of medium size, rather robust in appearance, and had been employed as an engineer. For two nights previous to his attack he had been at parties nearly all the nights, engaged in dancing and the excitement usual on such occasions, and yet attending to his work during the day. Neither himself or friends had any recollection of his having ever been bitten by dog or cat, or any animal that could have been rabid. He had formerly practiced masturbation freely. About ten days previously he had been vaccinated, which had produced a large sore on the arm, still in active progress at the time of his admission. The following are the remarks upon the case by Prof. N. S. Davis:

"The patient was seen by two or three intelligent physicians before he was brought to the hospital, and by several members of our college faculty, including Professor Andrews, while here, and all agree that the symptoms throughout were well-marked hydrophobia. It is reasonably certain, however, that they were not induced by the bite of any rabid animal. Was there some peculiar animal poison absorbed from the large and unhealthy vaccine sore on his arm? Or did the excitement of dancing parties at night and work during the day, coöperating with the disturbing influence of the vaccine virus establish the irritation of the nervous centres on which the violent symptoms depended? Can hydrophobia be induced without the agency of a specific virus derived from a rabid animal? These are interesting questions suggested by the case under consideration, but which are not easily answered. Some

have claimed that hydrophobia is simply a peculiar affection of the cerebro-spinal nervous centers, and have expressed doubts about the existence of any such poison as rabies. The facts pointing to the existence and destructive influence of such a poison, are too numerous, however, to admit of reasonable doubt. And yet we are compelled to admit that cases presenting all the phenomena of hydrophobia have occurred that could not be traced to the introduction of any such poison. Such is, indeed, the case before us."

MENTAL POWER IN MEN AND WOMEN.—Regarding this oft-discussed question, Professor Maudsley says: It has been affirmed by some philosophers that there is no essential difference between the mind of a woman and that of a man; and that if a girl were subjected to the same education as a boy she would resemble him in tastes, feelings, pursuits, and powers. To my mind it would not be one whit more absurd to affirm that the antlers of the stag, the human beard, and the cockscomb are effects of education; or that by putting a girl to the same education as a boy she could be sexually transformed into one. The physical and mental differences between the sexes intimate themselves very early in life, and declare themselves most distinctly at puberty. If the person is hermaphrodite, the mental character, like the physical, participates equally in both sexes. If either sex is mutilated, it approaches in character the opposite sex. While woman preserves her sex, she will necessarily be feebler than man, and, having her special bodily and mental characters, will have, to a certain extent, her own sphere of activity. When she has pretty well divested herself of her sex, she may then take his ground and do his work; but she will have lost her feminine attractions, and probably also her chief feminine functions.—*Scribner's Monthly*.

TREATMENT OF PERSISTENT INFLAMMATION.—Prof. John Marshall, (*London Lancet*, Aug. '72,) highly recommends

the local application of the oleates of mercury and morphia in persistent inflammation, more particularly of the joints. It is made by dissolving recently prepared oxide of mercury in oleic acid and adding to each drachm of the solution one grain of morphia. He claims for it greater elegance, economy and efficiency, than is possessed by any of the mercurial unguents. Being a solution instead of a mechanical mixture, it is more rapidly absorbed and as a consequence the remedial effects are manifested with greater promptitude.

DEATH-RATE IN THE UNITED STATES AND EUROPE.—It is a curious fact, one well worth knowing, that the death-rate in Europe is nearly double what it is in the United States, averaging yearly one out of every forty-three inhabitants, while here it is only one out of every eighty-one. Of the leading countries of Europe, France leads in its mortality, the average being one death to thirty-two people; and England appears to be the healthiest, the deaths being one to every forty-six. In the United States there is a wide range of difference. In Arkansas, for instance, the annual deaths are one to every forty-nine. It appears that the Northwestern States average the healthiest, and the Gulf States the sickliest.—*Med. and Surg. Reporter.*

PRESERVATION OF SUBJECTS FOR DISSECTION.—In the *Progreso Medico*, April 1, we see it stated that a certain Professor Gaillery has submitted to the approbation of the Royal Academy of Medicine of Belgium a very simple method of preserving *subjects*. He placed a dead body, brought from the hospital of St. Peter, on a table in the amphitheater, and covered it completely with a sheet wet with a solution of phenic acid in the proportion of two per cent.; afterward, every four or five days, he pours over the body a certain quantity of the same solution. The first result was the absence of mephitic emanations; and, in examining the body from time to time, it

was found to preserve almost the same appearance as it had at death. The walls of the abdomen gradually sank. The experiment has lasted six months, and the body remains in the same condition. This is a most important discovery.—*Lancet and Observer.*

HOW HOMŒOPATHIC CONVERTS ARE MADE.—Prof. Henderson, of Edinburgh, avowedly one of the leaders of homœopathy in Scotland, and before his adoption of the new practice a physician to the Edinburgh Infirmary and a Professor in the University, owed his medical conversion, it is said, to a curious incident. The story is attributed to the late Sir James Simpson. Dr. Henderson had been induced by Abercrombie to investigate the subject of homœopathy, and he made certain researches which he mentioned in public as having struck him. Simpson, some time before that, had received from a well-known homœopathic chemist a case containing a set of phials filled with globules, which he had never used. These, he said, he should be glad to hand over to Henderson, and the latter with pleasure accepted them. He used them, and was so struck with their effects that he declared himself convinced of the truth of the homœopathic doctrines. Unfortunately, it turned out too late that he had unwittingly deceived himself; for the case with the phials had long been a plaything for Simpson's children, who used to empty out the little globules into heaps and fill the phials from these indiscriminately. It need hardly be said that this was not known to Simpson when he gave Henderson the case, but it became known to him afterwards and he made Henderson aware of it. But Henderson had gone too far to recede, even if he desired to do so, and he became a declared practitioner of homœopathy.—*Boston Med. & Surgical Journal.*

PERFUMED COD-LIVER OIL.—Take of the essence of eucalyptus fifteen minims, Cod-liver Oil, three ounces, and put in a well-corked bottle. The fish oil thus loses its nauseous taste.—*Lancet.*

## Miscellany.

FOR the accommodation of our subscribers we have established an agency for the supply of medical books. Upon the receipt of the publisher's price, we will forward by mail, post-paid, any medical work published in this country. All remittances should be by draft, post-office order, or registered letter.

WE call attention to the advertisement of A. M. Leslie & Co., of Saint Louis. They keep a large supply of goods in their line, and their prices are reasonable.

*The Northwestern Medical and Surgical Journal* has passed into the editorial control of H. C. Hand, M.D., and H. H. Kimball, M.D. Their salutatory has the genuine ring.

M. COZE, surgeon at the military hospital of Pepignan, has submitted to the Academy of Sciences of Paris three cases of obstinate ulcers which he succeeded in healing by grafting upon them cutaneous particles taken from the rabbit. M. Larrey, who presented the paper, thought so much of the successful issue that he proposed to place the essay before the committee appointed to award prizes to the best works on medicine and surgery.—*Lancet*.

A DOCTOR recently settled in Illinois; and the first case he had was a boy, who, while shelling pop-corn, got a kernal in his windpipe. The doctor examined the case carefully, looked at the patient's tongue, and then told the father of the boy to build up a hot fire. When that was done the doctor told them to take the boy and hold him over the fire until the kernal got hot enough to "pop out." The old man went up-stairs and got his shot-gun, but while he was loading it the doctor escaped.—*Ex*.

RUPTURE OF THE BLADDER.—Dr. Erskine Mason, reports (*N. Y. Med. Journal*, Aug. '72,) a case of rupture of the bladder through the posterior wall, which he treated successfully by laying open the bladder through the perineum, as in the lateral operation for stone.

To American surgery, says Dr. Mason, belongs the honor of having given to the profession this mode of treatment; and to Dr. William J. Walker, of Boston, belongs the credit of having first put in practice, and I believe that of originating, this plan of treatment.

BOOKS RECEIVED.—Wood's Year-Book, Flint's Physiology, fourth volume, and Cohen on Diseases of the Throat.

THE September number of the *Kansas Magazine* contains, among other attractions, one of John J. Ingalls' remarkable articles, entitled "Blue Grass." Everybody should read it.

*Scribner's*, for September, contains two articles which alone are worth the price of the magazine. The first is an illustrated paper by Edward King, entitled "In and About Paris," and the second, the most sensible article on "Sculpture" we have read for many a day. The remaining contents are varied and interesting.

*Harper's Monthly* never fails in interest. Like milk, it contains in judicious admixture all the elements necessary to perfect intellectual nourishment, prepared in a most palatable form.

*The Eclectic Magazine*, like beef-steak, furnishes substantial nourishment, but requires careful mastication and time for digestion. We confess to a ravenous appetite for both.

# THE MEDICAL HERALD.

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## Original Communications.

### THE LOCAL TREATMENT OF EXTENSIVE BURNS.

By J. M. COLE, M.D., Ray County, Missouri.

The frequent occurrence of burns and scalds has rendered almost every one familiar with the various methods of their local treatment, and it would seem to be unnecessary to say anything on the subject.

In the milder forms of these accidents, where their extent and depth are quite limited, the employment of any of the numerous articles recommended will answer the purpose, but where the extent of surface involved is large and the burn severe, the exercise of the physician's best skill and judgment is required to pilot the patient through the severe and trying ordeal. The local treatment then becomes a matter of importance in reference to the comfort and welfare of the patient, and also in reference to the convenience of the physician. The dressing, for the first few days at least, should be unirritating, and so simple that it can be removed and renewed by an attendant of ordinary ability, with the least possible disturbance of the patient, as the occurrence of vesicles will necessitate the frequent removal of the dressing for the purpose of evacuating their contents.

Dr. Gross, in his admirable work on Surgery, highly recommends in these lesions, the application of white lead, mixed with a sufficient quantity of linseed oil to make it of the consistency of

thick cream. While it is a most admirable dressing in some cases, in others it is highly objectionable. Where the flexures of the joints are involved, the hard coating formed by the lead not only interferes with their motion, but much pain is produced by its removal.

The same objection obtains to the use of mucilage of Gum Arabic, or to any other article that forms of itself, or with the serum secreted a hard crust.

A brief report of two cases that came under our notice will, perhaps, illustrate our meaning better than any other method.

A young man was severely scalded by the explosion of a steam boiler in a flouring mill. The lesion involved the face, neck, shoulders, upper extremities, and a portion of the back and chest. Flour being the only article immediately accessible, it was freely applied, and while it gave relief from the intense suffering for the time, its subsequent removal, after having become encrusted, was attended with pain to the patient and with protracted labor on my own part. In this case, white lead was afterward used, but the same difficulty was experienced, although in a minor degree.

Quite recently, a young man was extensively burned by an explosion of gas. The lesion involved the entire surface above the hips, with the exception of the scalp and the palms of the hands. Numerous large vesicles continued to form for two days, necessitating the removal of the dressings, at least twice each day. Remembering our former experience

with the flour and lead, we used simply cotton batting saturated with linseed oil. As often as any portion of the dressing became dry, the oil was freely applied. So great was the heat of the surface that, for the first three days, from three to four gallons of oil was used each day. When it became necessary to remove any portion of the dressing no pain was produced, and the necessary movements of the joints were unobstructed. When any part became offensive by reason of sloughing of the skin or suppuration, carbolized oil was applied.

After the expiration of one week the oil was substituted by an ointment composed of simple cerate and glycerine, spread upon old linen. On the seventeenth day from the date of the accident the wounds had almost entirely healed and the patient was discharged.

According to Gross, the use of linseed oil in such cases is "filthy and disgusting, and should be discarded from genteel practice," but, in our estimation, it is superior to all other articles where great extent of surface is involved, chiefly on the score of comfort to the patient and convenience of application.

### THE PHYSIOLOGICAL ACTION OF ALCOHOL.

By W. L. SCHENCK, M.D., Osage City, Kansas.

[ CONTINUED. ]

When alcohol is applied to the skin, or swallowed, a burning sensation is felt, and this is considered an evidence of vital exaltation. Perfect health feels no pain. It is only experienced when there is a deviation from health, not exalted with vitality.

When taken internally it is claimed that it increases the heat of the body.

Prof. Carpenter, as we have already quoted, says, the general warmth experienced for a time, when a glass of spirits is taken on a cold day, appears to afford unmistakable evidence of its heat producing power, and "that it does not merely act as a stimulant, increasing the activity of the circulation and augmenting nervous energy," *appears*, and *if it did* elevate the temperature of the body, its "augmenting nervous energy" does not necessarily follow. It is too like the theory "Heat is life." That alcohol does not increase animal heat may be easily demonstrated by any one with a little whisky and a thermometer. From an extended series of experiments, Dr. Ringer, Prof. Materi Medica, University College, London, found that in poisonous doses alcohol caused, in non-febrile patients, *very considerable*, and in small doses, *slight falling of the temperature*. But the learned Professor tells us "the power of alcoholic liquors to enable the body to resist the depressing influences of cold is perhaps the best established of all its attributes." *Perhaps*. If so, Heaven help our knowledge of its other attributes! Surgeon Hays, of the second Grinnell expedition to the Polar seas, says of their use in high latitudes, "*they lessened the power of resisting cold*," and Prof. C. to the contrary, both experience and philosophy abundantly confirm this statement. Within a few days a friend here informed me that among a party of twelve exposed to the intense cold of the prairies last winter, all who practiced total abstinence escaped unharmed, whilst those who did not were more or less frozen, one losing both his feet. Like the Professor, we have heard Pat exclaim, as he swallowed his glass of raw whisky, "Och! but its warmin'!" He was mistaken. His experience was

fallacious and the same in all varieties of weather. It warmed when cool and cooled when warm, and relieved alike in wet and dry weather; and as the bard of Avon knew and sung, it relieves alike our varied mental and moral cases:

"Gie him strong drink until he wink,  
That's *sinking in despair*;  
And liquor guid to fire his bluid,  
That's *pressed with grief and care*;  
There let him bouse and deep carouse,  
In bumpers flowing o'er,  
Till he *forget his loves and debts*,  
And *minds his griefs nae more*."

There is the true philosophy of its effect. He who imbibes "forgets and minds his griefs nae more." The poet of nature could speak from experience, but not understanding the action of alcohol, he imbibed until nipped in life's early prime by "fell death's untimely frost."

The author of the Brownsonian theory believed and taught that it was the "*eau de vie*," and added directly to vitality; and acting upon his theory he hastened to the untimely tomb. My preceptor, Dr. David Baird, thought it prevented the old body wearing out, and proposed, as he expressed it, to pickle his by drinking alcohol and inhaling ether, but found an early grave. Alcohol gives no vitality to the body, no fortitude to the soul, but buries the sensibilities of both in the waters of Lethe.

Destruction and construction are accelerated by the well regulated exercise of the working-man's muscle and the philosopher's brain. The particles of the old body are consumed, eliminated and replaced. The vigor of body and mind is increased, whilst larger quantities of carbon, nitrogen, hydrogen and oxygen are excreted by the liver, kidneys, lung and skin. Alcohol, as we have seen, does not thus stimulate metamorphosis. All the effects following its

use, which, at first blush, make it appear a stimulant, upon careful examination prove it otherwise. Pereira says, "As a stomachic stimulant it is employed to relieve spasmodic pain and painful digestion, to check vomiting, especially in sea-sickness, &c." It relieves pain because it is an anæsthetic, and produces a want of sensation in the gastric nerves, but it contains no element that can remove morbid conditions or cause their removal. Many cases of the sickness at the stomach it increases, because they depend upon paresis of the gastric nerves and consequent relaxation of the œsophagus, and it may itself produce that condition. It may prevent or relieve sea-sickness, for there the partial paralysis of the gastric nerves, and oesophageal relaxation, is dependent upon a constant succussion of the gastric plexus, which hangs somewhat loosely in the abdominal cavity, produced by the motion of a vessel, or carriage, or swing. It prevents or relieves the sea-sickness because it renders the nerves insensible to these little concussions, and chloroform does the same thing, and more perfectly. It is "*similia similibus*" again, but not on the theory of Hahnemann.

Pereira says, "it is given as a stimulant and restorative in low delirious fevers." In these fevers the other portions of the body have become inactive, whilst the nervous system, the "*ultimum moriens*," remains active and sensitive. It is too active for the condition of the body, and destructive metamorphosis, as is seen by the increased excretions, and the general wasting, is greatly in excess. In these fevers, then, we use alcohol, not because it is a stimulant, but to hold the nervous system and destructive metamorphosis in abeyance whilst

we build up with quinine, strychnine, iron, milk, beef, &c. It quiets the nervous system, arrests destructive metamorphosis, and gives time for the action of restoratives. He says "it is used as a powerful excitant in fainting, &c." In 1861 a soldier of the Thirty-third Indiana was brought to me during a battle, speechless, almost pulseless, and apparently dying. A hasty examination revealed only a flesh wound of the thigh. I directed an assistant to give him brandy freely. He swallowed a pint and was soon better. His condition was partly the result of pain, partly of the moral shock. Had the brandy been a stimulant would he not have felt more acutely both the pain and the shock?

Christison says, "alcoholic liquors are more or less diuretic, *when considerably diluted*." They are nephritic stimulants not by virtue of the alcohol they contain, but when diluted with oil of juniper, or tartrate of potash, as in gin and wine, never unless diluted.

Wood & Bache inform us that "as a powerful diffusible stimulant alcohol communicates additional energy to the muscles, and gives temporary exaltation to the mental powers." From such teaching has come the floods of intemperance that have swept the world. Thousands and tens of thousands who have sought in its use strength of mind and muscle, insane or idiotic, have staggered to the disreputable grave of the drunkard. Alcohol does not contain a single element capable of giving strength to the muscle or fortitude to the soul. It cannot be converted into muscular or nervous tissue, and so far from stimulating muscular or nervous action, we have seen its tendency is the reverse. It makes us insensible to difficulties, blunts our perception of the little annoyances

and half felt pains of life, loosens the chord that binds together soul and body, and destroys a correct appreciation of our relation to the world about us. Under its influence we do not realize difficulties or dangers, but believe we can do whatever we will. If not too drunk we lift and labor with unusual energy because we do not realize what is to be overcome, and are willing, single handed, to attack a regiment. It renders us insensible to all the true relations of life. If financial embarrassment oppresses, we drink and are rich as Croesus. If Mrs. Caudle's tongue becomes offensive, Caudle drinks and bids her prattle on. If conscience annoys we quiet it with rum; but if rum was a stimulant we would see more clearly our financial difficulties, more clearly Mrs. Caudle's offense, and feel more intensely the compunctions of a violated conscience. The poet drinks that he may destroy the link that binds him to earth, free himself from the bondage of the body, and soar untrammelled in the regions of the ideal. The orator drinks that he may drown a care or anxiety, and allay the trepidation consequent upon his appearance upon the stage, and thus, forgetful or heedless of all else, he devotes himself to his theme. The soldier drinks to drown his cowardice. So indeed do we all drink. If we cannot summon sufficient courage to bear financial or domestic cares and sorrows, to endure the tortures of a guilty conscience, to meet the expectations of a listening audience, to face the thundering cannon and rattling musketry, or endure the petty pains and annoyances of our daily life, we drink, but we obtain no additional energy of muscle, or exaltation of soul. We do not rise above difficulties, or overcome obstacles, but render ourselves



oblivious to their existence. So far from the soul being exalted and strengthened, or the muscles energized, in each new danger and difficulty we find ourselves weaker than before, and drink, and drink again, that we may forget our weakness; and drinking beyond a certain limit, lose not only the consciousness of obstacles and difficulties, but all control over both mind and body. Alcohol is the grand catholicon with the masses. After its use, no matter what the pathology, they feel better, because they cease to feel. It stimulates no vital action, and being indigestible, passes unchanged into the circulation, where, by its chemical combinations, it produces deleterious changes in the blood and all the parts with which it comes in contact. Some physicians take the semblance of a benefit for a reality, or impose it upon their patients for effect, and thus prove themselves but quacks. Hear Hostetter: "Alcoholic medicines are among the most valuable remedial agents in the *Materia Medica*—specifics, which cannot be dispensed with, necessary tonics, curative stimulants and preventatives, and hence, no benevolent and enlightened friend of temperance can lift his voice against Hostetter's bitters."

We are told it stimulates digestion. It may remove causes that produce indigestion, and though its action upon the stomach would tend to indigestion, by their removal digestion is increased, though never stimulated by its action. Thus the recluse, those whose minds are filled with anxiety and care, the morose and sullen, are dyspeptics. Such is the known control of the emotions over digestion. Whether we secure the free transmission of nervous influence to the digestive organs, during meals, by joyous cheerfulness, or enchain the grim-

visaged hosts that prey upon the brain and prevent its transmission, the result is similar. But a nervous system asleep, blunted, insensate, is not stimulated and is not in the most favorable condition to functional activity. In such cases alcohol is used to displace an evil greater than itself. Prof. Chambers reports a case where a minister, who "kept bach," always suffered from indigestion, even after the most frugal meals, when he eat alone, but dining in company, he could digest any food. Kept from the thoughts that consumed his nervous energy, or prevented its transmission to the digestive organs, he ceased to be a dyspeptic; and so those whose studies, passions or emotions consume nervous influence or prevent its generation, when mellowed by wine or whisky, allow the brain to transmit to the stomach sufficient to perfect digestion. Hence, under its moderate use, Prof. Chambers found an increase of muscle.

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## Bibliography.

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*The Physiology of Man; designed to represent the existing state of Physiological Science as applied to the functions of the Human Body.* By AUSTIN FLINT jr., M.D.; Professor of Physiology and Physiological Anatomy in the Bellevue Hospital, Medical College, New York, etc., etc. New York: D. Appleton & Co., 1872.

This is the fourth volume of the most full, complete and extensive work on physiology, ever published in this country. It treats of the physiological anatomy and functions of the nervous system, and exhibits the same careful pains-taking, conscientious study and investigation that so prominently characterize the former volumes. The fifth and last volume will be devoted to the Special Senses and Generation, and we have the promise of the author that it will be completed within a year. Dr. Flint is

one of the leading physiologists of the age, and by a rigid adherence to a statement of facts, and a careful avoidance of seductive speculation, has produced a work which, although it will be enriched by future investigations, will probably undergo but slight modifications.

*The Urine and its Derangements; with the application of Physiological Chemistry to the Diagnosis and Treatment of Constitutional, as well as Local Diseases.* By GEORGE HARLEY, M.D., F. R. S., Fellow of the Royal College of Physicians, etc., etc.; Illustrated. Philadelphia: Lindsay & Blakiston, 1872. Price, \$2.75.

This volume consists chiefly of a course of lectures delivered before the classes at the University College, London. Their favorable reception induced the author to enlarge them and present them in a more accessible form to the profession. It is by far the best work on the subject we have seen, and we therefore cordially commend it to the favorable consideration of our readers. An idea of the scope of the work may be obtained from the subjoined titles of the various chapters: "Chapter 1. What is Urine? 2. Changes in the Composition of the Urine, induced by Food, Drink, Medicine and Disease. 3. Urea, Ammonæmia, Uræmia. 4. Uric Acid. 5. Hippuric Acid, Chloride of Sodium. 6. Urohæmatin, Abnormal Pigments in Urine. 7. Phosphoric Acid, Phosphatic Gravel and Calculi. 8. Oxalic Acid, Oxaluria, Mulberry Calculi. 9. Inosite in Urine, Creatin and Creatinine, Cholesterin, Cystin, Xanthin, Leucin, Tyrosin. 10. Diabetes Melitus. 11. Albuminuria."

*Small-Pox; The Predisposing Conditions and their Preventives; With a Scientific Exposition of Vaccination.* By CARL EOTH. Boston: Alexander Moore.

This is an essay upon the proposition (which is claimed as an original discovery) that "Small-Pox consists in the

escape of superfluous albuminous substances into the tissues of the periphery of the nervous centres of the body, caused, in the first place by the want of salt," and that "the proper use of salt is the scientific and most certain preventive" of that malady.

All of which may be characterized as ridiculously simple, and also as simply ridiculous.

*A Practical Treatise on the Diseases of Women.* By T. GAILLARD THOMAS, M.D., Professor of Obstetrics and Diseases of Women and Children, in the College of Physicians and Surgeons, New York, Attending Surgeon to the New York State Woman's Hospital, etc., etc.. Third edition, enlarged and thoroughly revised, with two hundred and forty-six illustrations on Wood. Philadelphia: Henry C. Lea, 1872.

We had the pleasure of making favorable mention of the former editions of this truly valuable treatise, and we rise from a perusal of this much improved edition, with a disposition to indulge in remarks that we fear would be considered extravagantly laudatory. As an evidence of his honesty, manliness, and reliability as a teacher and guide, we reprint the following from the author's preface:

"Many portions have been rewritten, and several new chapters introduced. It will be found that in making these changes, his views have been modified upon many points. For this he offers neither apology nor explanation. Had they not been changed by increasing experience and prolonged investigation, the necessity for an altered edition would not have existed. That his alterations may be found to be absolute improvements is his sincere hope."

*Pulmonary Consumption; its Nature, Varieties, and Treatment; With an Analysis of One Thousand Cases to Exemplify its Duration.* By C. J. B. WILLIAMS, M.D., F. R. S., and C. T. WILLIAMS, M.A., M.D. Axon. Philadelphia: Henry C. Lea, 1872. Price, \$2.50.

Williams' Principles of Medicine," was the first work on medicine we ever read.

"Age cannot wither nor custom stale" its infinite interest to us. The work before us is the embodiment of the study, reflection and experience of one who, for nearly fifty years, has devoted his best time to the investigation of the nature, history, and treatment of one of the greatest scourges of mankind. That he has done his work well will not be questioned.

Dr. Williams has erected a monument that will keep his name fresh in the professional memory when old Time's busy fingers shall have thrown to the winds every molecule in his monumental urn.

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*An Introduction to Pathology and Morbid Anatomy.*

By HENRY GREEN, M.D., London; Member of the Royal College of Physicians; Lecturer on Pathology and the Morbid Anatomy at Charing Cross Hospital Medical School; Illustrated by numerous engravings on wood Philadelphia: Henry C. Lea, 1871. Price, \$2.50.

While claiming to be merely an elementary text-book, it contains a vast fund of information fully up to the advanced state of Pathological science. The author has wisely, we think, avoided a discussion of the different views that obtain among pathologists, and confined himself to a statement of those opinions which in his judgment have the greatest claim to general acceptance.

It is well worthy of perusal and will amply repay any one for the time devoted thereto. Like all the publications emanating from this house, it is presented in unexceptional style.

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*A Year-Book of Therapeutics, Pharmacy, and Allied Sciences.* Edited by HORATIO C. WOOD JR., M.D., Professor of Medical Botany, University of Pennsylvania, &c. New York: William, Wood & Company.

A judicious selection of articles from the various medical periodicals of the day, appropriately arranged and classified.

There may be those to whom this book will be of value. At present we can conceive of none unless it be those who never subscribe for a medical journal.

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## Correspondence.

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EMPORIA, KAS., Sept. 7, 1872.

ED. HERALD:—For two weeks past there have been considerable sickness in this community, and still continues.

The diseases are mostly of a malarious character. Some cases are very obstinate, and assume a typhoid form. Several cases of a congestive type, I hear, has proven fatal near Hartford. Only one case has proven fatal under my observation, and in that case, there was continued vomiting of everything taken into the stomach, with obstinate constipation of the bowels.

J. W. TRUEWORTHY, M.D.

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## The Medical Herald.

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LEAVENWORTH, KANSAS, OCTOBER, 1872.

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### WHOLESALE CHARITY.

The following is an exact copy of a Circular Letter generously furnished to the entire newspaper press of the country, by the *Louisville Medical College*:

LOUISVILLE, KY., July 15, 1872.

DEAR SIR:

The Trustees of this College have determined to grant one Beneficiary Scholarship to one young man, in every Congressional District of all the States. The applicant must be of good character, and unable to pay the fees of this Institution. As I am satisfied that you will be glad to aid very many deserving families, by making this important fact speedily known, I have communicated with you. Being an editor myself, and knowing how severely your time and energies are

taxed, I send a piece of printed copy, which will save you all trouble. Please send me a marked copy of your paper, that I may show it to the officers of this College.

Very respectfully,  
E. S. GAILLARD.

The following is the "piece of printed copy" intended to save "all trouble":

#### "A NOBLE BENEFACTION.

"The Trustees of the Louisville Medical College, (Louisville, Ky.) have created one of the most liberal benefactions ever conferred by a public institution. They have instituted one *Beneficiary Scholarship* for each *Congressional District* in all of the States." By this means very many poor but deserving young men will be enabled to obtain a through medical education. Any one wishing to take advantage of this Benefaction should write to Dr. E. S. Gaillard, Dean of the Faculty of the Louisville Medical College, Louisville, Ky., when he will receive a College Catalogue, with full information in regard to all that is necessary for him to do to secure one of these Scholarships. With proper delicacy the names of those who have secured the Beneficiary Scholarships will be known only to the Dean of the Faculty.

"In accordance with the old Hippocratic oath, forbidding physicians to charge the families of each other for services rendered, the Faculty of this College will make no charge for teaching sons of physicians, and as no physician charges a clergyman's family, the sons of clergymen will receive the same privilege. The next College Session begins October 1st, 1872. As the lecture fees charged for each student who has not obtained a Beneficiary Scholarship amount to \$120, annually, the public can appreciate the extent of this benefaction."

In the above "piece of printed copy," the announcement that "one beneficiary student will be received from each Senatorial District of Kentucky," was omitted. We make the correction in order

that the full magnitude of the benefaction may be known.

We were about to indulge in some extravagantly laudatory remarks in reference to the liberality, generosity, charity, etc., of this College, when a friend at our elbow suggested that the benefaction might after all be merely a shrewd business dodge; that the qualifications of the various members of the Faculty might be like the education of Barney Goghegan, who "had enuff of that same in the usual way of niver bein' troubled with any"—that being afflicted with the *cacoe-thes professorii*, and unknown to fame, they were driven to this scheme in order to avoid the necessity of lecturing to empty benches—and that they could very profitably dispense with the fee for Professors' Tickets, which he proceeded to demonstrate mathematically, as follows:

Amount received for all the tickets from one student, (the probable number that could be induced to pay for the privilege of listening to the lectures, . . . \$135 00  
Graduation Fee, . . . 30 00

Total, . . . \$165 00

Amount received from sale of Demonstrator's Tickets and Matriculation fees, for fifty students, (the probable number of gudgeons that would swallow the bait), . . . \$ 750 00  
Graduation fees, (1/2 the class), 750 00

\$1,500 00

Difference in favor of *benefaction* plan, \$1,335.00.

Deducting \$885.00 for incidental expenses, there would remain \$50 for each Prof.—ample remuneration, considering the quality of the information furnished.

While we could not deny his arithmetic, we mildly intimated that his remarks were a little ironical, and referred

him to the following extract from the proceedings of the American Medical Association, for 1869, as an evidence that the Dean of the Faculty, at least, would not be guilty of anything so unethical, as that of underbidding for students:

Dr. Gaillard, Ky., offered the following preamble and resolutions, which were referred to the Committee on Medical Education:

WHEREAS, The medical teachers of America have, after a trial of twenty-two years, failed to meet satisfactorily and efficiently the requirements of the great body of the profession in regard to medical education; and

WHEREAS, The condition of the profession is yearly becoming more deplorable on account of the antagonistic and objectionable policy of medical schools, in making the amount of fees charged, rather than scientific teaching, the basis of competition; and

WHEREAS, To obtain professionally competent graduates, sound and efficient teachers are indispensably necessary; and

WHEREAS, Such teachers, to be found throughout the country, cannot be induced to leave their homes without the assurance of competent remuneration; and

WHEREAS, Such remuneration can only be obtained by adequate fees charged, unless by a system of low fees the number of students be relied upon to make up the inevitable pecuniary deficiency; and

WHEREAS, Reliance upon numbers of students for this purpose deplorably crowds the already overcrowded professional field, diminishing thereby individual income, judgment, experience, and skill, thereby compelling practitioners to resort to other avocations as a source of supplemental income; and

WHEREAS, This devotion to other pursuits destroys opportunities for study and improvement, degrading thereby the status and standard of American physicians; and

WHEREAS, The schools of New Eng-

land, New York, Pennsylvania, Maryland, Virginia, South Carolina, Georgia, Missouri, Tennessee, Louisiana, Alabama, and District of Columbia now charge comparatively remunerative fees; and

WHEREAS, The *low system* of fees is charged only in a few of the Middle States, and can with advantage be made to conform to the rate of fees charged elsewhere; and

WHEREAS, It is as unethical for colleges to underbid each other pecuniarily as it is for practitioners to do so;

*Resolved*, That hereafter no medical school in this country, other than those fully endowed, be entitled to representation in this Association, if the amount charged by such schools for a single course of regular lectures be less than one hundred and forty dollars.

*Resolved*, That all schools charging less than this sum are earnestly requested by this Association to advance their rate of fees to the amount mentioned.

Our friend was neither overwhelmed by the prodigality of the whereases, nor stunned by their high-sounding character, nor convinced by the two feeble resolutions attached, but on the contrary, insisted that so extraordinary a procedure on the part of any unendowed College, was indubitable evidence either of inherent worthlessness or of the lowest order of professional mendacity. As he persisted in his opinion in spite of all we could say, we resolved to abandon the contest and submit the case to our readers without further comment.

#### A PERIPATETIC QUACK.

In the July number of the HERALD we noticed the announcement of the Topeka College of Physicians and Surgeons in anything but a complimentary manner. The Board of Directors of that imaginary institution conferred the questionable but lengthy title of "*Professor*

of the *Principles and Practice of Surgery, Operations and Clinical Surgery*," upon one Dr. Homer. In vindication of the claims of that institution to respectability, we reprint a hand-bill received this day. A perusal of this precious and pretentious document will convince the most skeptical of the correctness of our estimate of the Topeka College, as well as of the manifest impropriety of conferring a title upon a person so unworthy of the honor:

**MEDICAL LECTURE!**—Dr. J. Homer will deliver a free lecture upon the Anatomy, Physiology, and diseases of the eye and ear, Thursday evening, September 12th, at the School House Hall, in Holton, commencing at 7½ o'clock. This lecture will be very beautifully illustrated by the use of numerous diagrams and Pathological specimens, and his new German Stereoptician, which has the power to show the most minute parts of the human organization upon a diameter five hundred times larger than in nature!

After every lecture several Anthropological examinations of strangers as selected from the audience, will be made without the application of hands upon the head or any part of the body, thus showing and clearly demonstrating to all that the mental and physical power of the human organization can be estimated and accurately delineated by any close, casual observer.

**Professional.**—He may be consulted upon all diseases, but more especially upon all chronic diseases of the human body, either of a medical or surgical nature, viz: Diseases of the eye and ear, nose, throat, head, lungs, stomach, liver, spleen, pancreas, bowels, kidneys, bladder, scrofula, syphilis, debility of the nervous system, rheumatism, diseases of the blood, tumors, cancers, diseased bones, stone in the bladder, distortions, deformities, club feet, blindness from cataract or opacity of cornea, dropsy in any part of the body, etc., etc., etc.

**Information for the Ladies.**—Long experience enables him to offer his services

in the treatment of that large class of chronic diseases, etc., peculiar to their sex. All consultations and examinations strictly confidential!

**Catarrh.**—For the benefit of the large class who are affected with catarrh of the nose and throat he is prepared with the best treatment in the world for a permanent cure of this most dangerous, disagreeable and loathsome of diseases.

**Fees.**—Examination and prescription, \$1.00; examination and prescription with physiological and hygienic directions, \$2.00.

**N. B.**—No person need defer calling in consequence of being poor or unfortunate, as we are all subject to adversity, misfortune and disease in this life.

**Important.**—All those who are unable to pay will be treated free of charge.

**General Hospital.**—We need and must have an institution of this kind, and this is his object in canvassing the State.

The time in each place is limited, consequently any person desiring his personal attention must avail themselves of this opportunity.

Rooms at the Holton House.

### QUADRUPLE BIRTH.

Dr. W. Cuppaidge, of Castlereagh, related to the Dublin Obstetrical Society the following case.—*Med. Press and Circular*, Feb. 21, 1872:

A patient was attended by a midwife; she was nineteen years of age; it was her first pregnancy, and she was just about entering the sixth month of uterogestation. I was called at 5 P. M., and just as I got into the room a small female foetus of about the fifth month was expelled, head foremost. The woman's size not having diminished, I examined and found another bag of membranes pressing through the os. Supposing that the second foetus would be expelled as easily as the first, I went away. There was no return of pains, and the patient slept through the night. In the morning I gave a dose of ergot, which was soon followed by the expulsion of a second foetus, male, with the feet foremost. On

examining the patient now, I found the membranes of another foetus; these I at once ruptured, whereupon a *third* child, female, was expelled, the breech presenting. After its birth I again instituted a careful vaginal examination, and was greatly surprised at discovering another bag of membranes, which I at once ruptured, when the fourth foetus—a male, head presenting—was delivered. The first two children, I may here remark, were born alive and cried, but did not long survive. The third and fourth children showed no signs of life at birth.

Dr. M'Clintock said he had looked over the registry of the Lying-in Hospital, and found that there was only one year since 1757 in which a quadruple birth had occurred. It took place on the 30th of October, 1788, in Dr. Clarke's Mastership. The name of the woman was Mrs. Hood; she was 30 years of age, and it was recorded in the register that she was an Irishwoman. [Laughter.] The children, in this case, were born alive and baptized, but subsequently died, though the day of their death is not mentioned. The woman herself left the hospital at the end of fourteen days. Dr. M'Clintock proceeded to say that there was a preparation in the museum of the Lying in Hospital of five children simultaneously conceived. The entry, which appeared in the museum catalogue for that year (1839), was as follows: "Five children simultaneously conceived; three separate ova; one single, with its placenta; the others twins, each furnished with a common placenta; three months pregnant; miscarried in the summer, 1839." This woman was several times subsequently in the hospital, on one of which occasions he (Dr. M'Clintock) saw her. She was a stout, sanguine woman, with fiery red hair, and the wife of a tailor. She alluded, with no small pride, to her having once been pregnant of five children.—*Med. Times*.

ANEURISM.—Dr. R. J. Levis, Surgeon to the Pennsylvania Hospital, reports (*Med. Times*), a case of aneurism of the external iliac artery, successfully treated

by complete compression. The following propositions are offered by him in relation to the subject:

"1. That aneurism of the external iliac artery may be amenable to treatment by complete compression of the vessel in a brief period. 2. That total arrest of pulsation can be effectually made by mechanical means. 3. That compression of the external iliac at the cardinal extremity of the aneurism, probably even where aneurismal dilatation exists at the seat of pressure, and without the aid of aortic compression, may be sufficient for the cure. 4. That anæsthesia is essential to such treatment, and that prolonged etherization does not prevent coagulation of the blood. 5. That pulsation may not cease entirely for some days, even when a coagulum has been fully formed. 6. That reduction in size of the aneurismal tumor, by shrinking of the clot, is more rapid and complete when cured by total compression than when the cure is effected by slow deposit of fibrous laminæ in the gradual or partial compression. 7. That the treatment of aneurism of the external iliac by the method of complete compression is the safest and most reliable, and should be generally adopted.

CANCER.—While search is being made for a *cure* for cancer, it will not be uninteresting to many of your readers to hear of a *palliative*. I have used as a lotion, with great palliative success, in a case of cancer on the breast, and in another case of cancer of the rectum, an American drug, "hydrastis Canadensis"; it was preferred by both patients to any other form of lotion, for its painlessness and for its power in keeping the surface in a more healthy condition and free from offensive odor. The strength in which it was used was one drachm of tincture to eight ounces of water. Finding it unknown to many practitioners, I have thought the mention of it in the pages of *The Lancet* may perhaps bring an improved temporary relief within the reach of some sufferers from this dire calamity.—*E. Payne, M.D. — London Lancet*.

**CHALK MIATURE.**—A correspondent of the *Journal of Pharmacy* refers to the fact that *mistura cretæ* rapidly ferments and sours, especially in summer. Of twelve samples from as many shops, only three were found to be in perfectly good condition. His suggestions for remedying the difficulty are as follows:

By way of experiment, in order to obviate this great inconvenience, I tried the substitution of glycerine for sugar, and so far, up to the present time, I have found it to work well after the following formula:

℞ Cretæ præpt.  
Glycerinæ, . . . . . ââ ʒ ss.  
Pulv. acaciæ, . . . . . ʒ ij.  
Olei cinnamomi, . . . . . gtt. viij.  
Aquæ distill., . . . . . ʒ viij.  
Mix thoroughly.

The above mixture I have kept the whole summer and up to the present time; I made it about ten months ago, and upon opening it I found it in perfect condition, not even the slightest acidification having taken place.

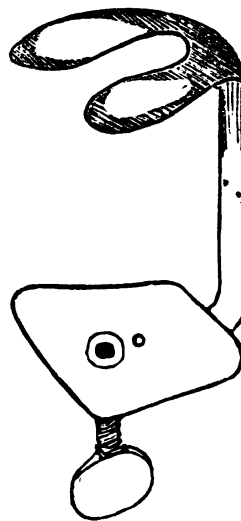
The above process is not used for dispensing chalk mixture in my shop, but was only tried by way of experiment, to see if it would keep during the hot summer months from decomposition.

The following formula has been used by me for some time back:

℞ Cretæ præpt., . . . . . ʒ ss.  
Sacchari albi, . . . . .  
Pulv. acaciæ, . . . . . ââ ʒ ij.  
Olei cinnamomi, . . . . . gtt viij.  
Mix intimately.

For every fluid ounce of chalk mixture I take one drachm of the mixed powders, and rub them well up with an ounce of distilled water, and of course the mixture is free from acidity. In cases of diarrhœa in children, which generally is the result of fermentation, the glycerine formula seems to be preferable to the one containing sugar, the former mixture being and remaining bland, nutritious, and with strong soothing effect on the bowels; to a certain extent it arrests fermentation, and the glycerine fully protects the gum from decomposition.—*Boston Jour. Chemistry.*

**A SIMPLE BUT INGENIOUS INSTRUMENT** has been invented by Dr. R. W. Murphy, of Sacramento, Cal., for the treatment of fracture of the inferior maxillary bone.



*Description.*—This splint, of which the above is a correct representation, “consists in a plate that rests upon the teeth of the lower jaw, similar to the impression plate used by dentists, with a narrow chin-piece, passing from the plate down in front of the chin, turning at right angles under the jaw, through which pass a thumb-screw, which connects with the lower sub-maxillary plate. By means of the screw, the plate is pressed up against the under side of the jaw, at the same time and by the same force the plate in the mouth is pressed down upon the teeth, holding the fractured jaw between the two plates.

“In a simple fracture, all that is required is a little pad of cotton, or some soft material on the under splint; the upper one that goes into the mouth is lined with soft rubber, so as to adjust itself readily to the teeth. The fractured jaw is properly set, the splint applied, and a turn or two with the thumb screw, and the work is done.

“In comminuted fracture of a bad nature, where the parts are difficult to keep in place so as to get perfect articulation of the teeth, the proper course would be to set the jaw carefully, so that each



tooth articulates perfectly with its fellow. When in position, mould a piece of gutta-percha, properly prepared, to the under side of the jaw, bringing it a little up around the sides of the jaw and chin, and retaining it in place until it cools. Then allow the mouth to open, and apply the splint as in simple fracture, retaining the gutta-percha mould upon the jaw. The teeth are received into the soft rubber that lines the under surface of the mouth-plate, and retained in place."

INFANT MORTALITY IN CITIES.—Dr. J. M. Toner, of Washington, has, with rare industry, care and intelligence, prepared tables showing the mortality in several of the States. The appalling proportion of infant mortality in the large cities, calls for the adoption of some method for checking this waste of infantile life. With the wealthy, the removal of the little ones to a purer atmosphere when occasion requires, is a simple matter; but with those who are unable to meet the expense, the advice of the physician, that the life of the child suffering from cholera infantum, depends upon its being removed to another locality, is practically worthless.

Dr. Toner suggests the establishment of free parks at elevated points, where parents, or mothers and nurses, may camp out in the summer months in tents, or cheap cottages, in such style as accords with their means. We like the suggestion, but have some doubts in reference to the practicability of the scheme.

A REAL HÆMATINIC.—The Paris correspondent of the *Medical Times and Gazette* of June 22d ult., states that the Parisians are now taking bullock's blood for anæmia and in pulmonary phthisis. It is a curious sight to see patients of both sexes and of all classes and ages flocking to the slaughter-houses every morning to drink of the freshly drawn blood of

the slaughtered animals. The young ladies take it readily, and many say they prefer it to cod-liver oil. The writer declines to enter into any theoretical speculations as to its *modus operandi*, but states that he knows of several cases of anæmia that have been cured, and some of pulmonary phthisis that have been much benefited by the treatment. An extract of blood has been prepared, which is administered in the form of pills, each of which, weighing three grains, is said to be equivalent to about half an ounce of blood.

The same correspondent states that M. Boussingault recently read a paper before the Academy of Sciences giving an account of his researches on the composition of the blood, and urging its employment as an article of food. It contains all the constituents of a perfect aliment. An analysis of human blood gave, in each 100 grammes, 51 milligrammes of iron; in the same quantity of that of the ox there were 55 milligrammes, and 59 in that of pig. But it was not only in red blood that iron was found; the blood of snails contained as much iron as that of the ox; so that the experimenter concluded that the red color of the blood is not due, as is commonly supposed, to the presence of iron.

THE discovery of several new minerals has lately been announced. Among them may be mentioned *Julianite*, a species somewhat resembling fahlerz, occurring in small groups of cubic crystals of a dark gray color, and containing  $\text{As}_2\text{S}_3$ , part of the arsenic being replaced by antimony and iron, and part of the copper by silver. The ore was formerly found in the Friederike-Juliane Mine, at Rudelstadt, in Silesia. Another species is *Beyrichite*, from the Westerwald. This occurs in groups of maculed prisims, of a lead-gray color, with a faint metallic lustre. A native silicate, hitherto undescribed, has been called *Bismuthof. vüite* by Frenzel. This occurs at Schneeberg, in Saxony. Other new specimens, described by Weisbach, are *Trögerite* and *Walpurgine*.—*Harper's Monthly*.

## Miscellany.

FOR the accommodation of our subscribers we have established an agency for the supply of medical books. Upon the receipt of the publisher's price, we will forward by mail, post-paid, any medical work published in this country. All remittances should be by draft, post-office order or registered letter.

THE census returns of the United States for 1870, exhibit the alarming fact that there are 428,859 more males than females in our population. Precisely what is to be done about it is not yet apparent. As leap-year will soon expire, it behooves the old maids, in particular, to be active and vigilant in their inquiries. Some consolation is afforded by the following extract from a medical work, published in London in 1759:

"We have heretofore said, there are more males than females; we say next, that the one exceed the other by about the thirteenth part. So that although more men die violent deaths than women, that is, more are slain in wars, killed by mischance, drowned at sea, and die by the hand of justice; moreover, more men go to colonies and travel in foreign parts than women; and lastly, more remain unmarried than of women, as fellows of colleges, and apprentices above eighteen, etc., yet the thirteenth part difference bringeth the business but to such a pass, that every woman may have a husband, without the allowance of polygamy."

Dr. Paul Schœppe has been acquitted of the charge of poisoning. Three years ago the medical world was astounded at the verdict of guilty rendered upon testimony of the most astonishingly unscientific character. He owes his narrow escape from the halter to the active interference of the medical profession, particularly of New York and Pennsylvania.

*Scribner's Monthly* for October contains the second part of Edward King's illustrated article entitled, "In and About Paris."

*Harper's Monthly* for October contains the first chapters of Wilkie Collins' new story, entitled "The New Magdalene." It is, perhaps, needless to add the stereotyped phrase, that the remaining contents are varied and interesting.

Messrs. Lindsay & Blakiston, and Henry C. Lea, of Philadelphia, have issued revised catalogues of their medical publications, which will be furnished by them upon application.

Dr. John Bell, one of the oldest physicians and teachers in this country, died at his residence, in Philadelphia, on the 19th of August.

WE have before us a curiosity in the shape of a medical work, published in 1759, consisting of a "Collection of the Yearly Bills of Mortality in London, from 1657 to 1758, inclusive." From among the causes of death we select the following: Headmouldshot, Horseshoe-head, Twisting of the Guts, Rising of the Lights, Stoppage in the Stomach, Livergrown, Strongullion.

WHAT is the difference between a man and a woman? Ans. *A vas deferens.*—*N. Y. Med. Record.*

How vast! One can't conceive.—*The Clinic.*

[Yet, one can ejaculate.]

Prof Tyndall not long since asked, in order to test the efficacy of prayer, that a ward in one of the London hospitals should be set apart where no medicines should be given the sick, but the prayers of the Christian world should be relied upon. The request was not granted.

# THE MEDICAL HERALD.

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NOVEMBER, 1872.

No. 5.

## Original Communications.

### CLINICAL CASES.

#### *The History, Diagnosis, Pathology, Prognosis, and Remedial Management of an Incurable Chronic Case of Long Standing, and the Reasons Therefor.\**

By Z. C. McELROY, M. D., Hon. Memb. Meigs and Mason Academy of Medicine; late President Muskingum County Medical Society.

[Reported to Muskingum County (Ohio) Medical Society, at its session in the city of Zanesville, 5th September, 1872.]

A. P.—Ae't 54, weight about 100 lbs, height about 5 ft. 7 in. Has been an invalid about 30 years. Is an iron moulder by trade; commenced work for himself in 1840. Is agreeable and pleasant in address and manners.

Having a fine physique, and a good share of physical vigor when he came of age, he naturally fell in with the rage of the moment, which was large political conventions. And they were large and enthusiastic in 1840. At least the log cabin and hard cider conventions were in that year. There were no railroads then, with excursion trains of stock and gondola cars, sometimes with and sometimes without rough board seats, to convey large numbers to and from such gatherings as there are now. Transportation was then by wagons. The first convention he attended, was the memorable one at Columbus, 22d February, 1840. Was on the road two days going and two days coming home. And he entered fully and with a vim into all the excesses inseparably incident to such

collections of men, got cold, and reached home unwell. Partially recovering, he entered anew into the convention business, finished up the campaign, and rested until 1842; then went into it again and stood out that of 1842. But declining health prevented him from engaging in it again.

He consulted the then resident faculty in this city, one after another, but failing to obtain his measure of relief, he entered into the patent medicine business. Failing in this, too, he next consulted traveling and advertising doctors for several years, with even worse success, and retired from the business and has never re-entered it.

He continued to work at his trade, as his health permitted, till 1856, when he quit, and has not worked any since, only about his home.

In 1852 he fell in with Homœopathy, and continued with it, with occasional intervals, for the next twelve years. He did not get much benefit, but on the other hand he got no damage, which he often did get at the hands of those who so confidently declared their ability to "cure his dyspepsia."

I think he first consulted me in 1867. He complained then of pain in stomach after eating. Everything he eat seemed to disagree with him. I prescribed for him quite a number of things which are regarded by the profession as "tonics" and "alteratives;" among the rest, pepsin. But, in the main, he was not materially benefitted by anything that I did for him, or prescribed for him. During

\* See MEDICAL HERALD July, 1872.

the summer of 1869 he made an extended tour, and returned home better. But as the variable weather of autumn was reached, he relapsed back into the old condition again.

He has had, for twenty-eight years past, a very poor appetite. Much of the food he ate, no matter how careful he was in its selection, gave him pain. But he had long since accepted the facts of life, and his aim was now to obtain the largest amount of comfort possible, and was willing to accept it from any quarter except from those who proposed to "cure" him. These he had learned by "experience" to let alone. His thirty years' contact with doctors of all kinds has sharpened his wits considerably; so that he is able now to determine beforehand, with a good degree of accuracy, the probabilities of benefit from any prescription made for him. He loses this advantage with patent medicines, and with traveling and advertising doctors, so that now he prefers the regular profession.

He called occasionally to consult me about his health during the next two years. He took trips away from home during the summers of 1869-70, and in each year returned more comfortable. He has learned to live his life of self-denial, and to conform to the (to him) changed conditions of life, with the largest attainable comfort. He does not use tobacco; never, or very rarely, touches spirits in any form or shape. Drinks sparingly of tea and coffee.

The winter of 1871-72 brought him an unusual amount of discomforts. He was not able to eat any food whatever which did not give him pain. Homeopathy had entirely failed to give him any relief whatever. In this condition he applied to me again early in February

last, (1872). As his call was rather unexpected, I resolved to study his case again as thoroughly as I knew how. I learned that he voided water only twice in twenty-four hours, and not to exceed a small teacupful any twenty-four hours. Before going to bed he would void a few tablespoonfuls, and not again before 10 or 11 o'clock next day. He thinks he could readily have accommodated himself to do so only once in the twenty-four hours. His skin was, as it has been for more than twenty years, dry, sallow and wrinkled. Pulse small and thready at right wrist, none to be felt at the left.

There has been a singular unanimity in the diagnosis of his troubles by the various doctors he has consulted since 1840. They all agreed that it was the "dyspepsia" that was the matter with him. And they further agreed that he ought to take as little fluid as possible; and to confine himself mainly to solid foods. He almost never drinks any water, and no other fluids except a cup of tea or coffee at meals, night and morning. Sometimes he takes a cup of tea at noon, sometimes no fluids at all, and sometimes a little water. His range of diet is very narrow: bread and butter, beef, lamb or mutton, occasionally chicken, fresh fish, &c., &c. His bowels ordinarily move once in the twenty-four hours. But after, only three or four times a week. But everything he eats now gives him pain. He was so cold at night that he could not get warm in bed, no matter how much bed-clothing he had above him, and occupied a bedroom with fire in it, so that he could not get a night's good sleep now, and had not been able to get one for several weeks. He sat up by the fire much of the night.

As the result of my investigation, my diagnosis was that he had long since

had molecular forms of structure permanently modified in his assimilative apparatus, brought about originally by his excesses in the great political campaign of 1840. I based this conclusion on the general law—immutable as the law of gravity—that function was the language or expression of structure behind it. Not only does this law hold good in organic life, but throughout animate and inanimate nature. Everywhere what a thing does, is evidence entirely conclusive as to what it is. And in that conclusion there was a satisfactory explanation why medical treatment had so uniformly failed to bring about any permanent improvement in his health.

The prognosis based on the facts concerned was, that it was out of my power to make new structures with physiological capacities for him; nor could I restore to physiological conditions his existing structures which had lost them. The only possible benefit I could hope to confer on him, professionally, was to ascertain for him the conditions of his life affording him the maximum of comfort.

The most obvious defect (Pathology) disclosed by my scrutiny, was the want, or insufficient supply, of water to carry on the processes of life with the least amount of pain or suffering. As a result of this deficiency of water, every process of life was performed too slowly and imperfectly. His body was loaded down with effete or dead matter, matter which had been used and was no longer life-matter, and he did not have sufficient water to carry on its removal, nor enough for the work of renewal from new material of his steadily wasting structures.

To remedy this, or these defects, I prescribed a pint of boiling water, made

palatable with table salt, and cooled in a small ladle, or table spoon, to the point at which it could be swallowed without injury to his mouth, by communicating too high a velocity to the changes in structure there, and to be repeated not less than three times each twenty-four hours.

Further, he was to take teaspoonful doses of Elix. Val. Amm. when in pain, and repeated at short intervals till relieved, generally to be followed by sipping more or less boiling water cooled in a table spoon. I directed the water to be used at the highest temperature possible, for the reason that it is swallowed slowly, is taken up into the blood-vessel system about as fast as introduced into the stomach, which is evident from increased volume of pulse as well as increased frequency of heart throes, and the deeper injection of the capillaries of the surface; and finally, because it does not produce sick stomach, or nausea. I generally speak of it to patients as fire-heat and water, but think of it as water whose particles, or ultimate molecules, have a certain velocity of physical motion, or chemical motion, which is communicated to organic structures with which it comes in contact.

My patient was quite amazed at my prescriptions; said he had for thirty years past avoided water all he could; was satisfied he could not swallow a pint in twenty four hours; was afraid of the Ammonia, too, though it had never been prescribed for him before. I heard his objections to my prescriptions, but was not willing to take his word for it, without trying, that he could not follow them; but felt certain that he could, and if he did that they would do him good.

It was a very cold evening he called to consult me, and he had not got warm

during our conversation. This was, therefore, the very moment to commence. So I had a bowl of boiling water brought to me, made tasty with common salt; cooled some in a small ladle by blowing on it, and sipped it myself, to show him how to use it. He took the ladle, made a good many objections, but began to follow my example, and succeeded much better than he expected; said it did not taste bad, and asked if there was not something else than salt and water. I assured him there was not. Well, then, he said, I will call it Silver-ladle Soup. He sipped, perhaps, two-thirds of it, felt better and warm all over, but thought he would be sick at the stomach if he took more than; asked to be excused, and promised to come up to the pint as soon as possible. He reached it in a couple of days. But he was not yet free from pain, so I added a minute dose of Sulphate of Morphia to that of the Valerianate of Ammonia, about one-sixtieth of a grain. With this addition he did better. He passed water more frequently and in largely-increased quantity, and could now get warm in bed and sleep comfortably. The simple Elix. Val. Ammon. was changed for that with Quinia, and about one-thirtieth of a grain of Sulph. Morph. added to each dose.

No other medicine was prescribed for him than the Val. Ammon., and Val. Amm. and Quinia, with and without Sulph. Morph., which he took as he thought he required. His appetite improved rapidly; slept better, and has passed a more comfortable summer than he has done for fifteen years past. He took about three pounds of the Elixir of Val. Ammonia, and Val. Amm. with Quinia, in all.

He has not taken either for several months. Drinks, now, two cups of hot

water at each meal, and, in addition, a little tea or coffee, as he fancies either. Drinks between meals, now, hydrant water, cooled with ice a little below the temperature of that from our wells. Well water does not agree with him. He has done more work about his house and lot this year than he has been able to do since 1856. Skin soft and moist, and often sweats at work. Has a good pulse at the left wrist, which he has not had for between twenty and thirty years past. I meet him at market on almost all market days, and if there is anything good for sale am satisfied he gets his share. He is very enthusiastic in his admiration of boiling water; thinks it good for more than running steam engines, or making lager beer; and further, regards it as passing strange that he did not long since find out for himself his mistake in stinting himself in the use of water, hot and cold for so many years, so much to his disadvantage. He has now, however, with all his improvement, a lighter weight than when he began to drink hot water.

In conclusion, I may remark that in my prescriptions I confined myself strictly within the limits of my power as a physician, in the professional management of his, or any other case whatever, viz: over physical motion by matter; in his case advancing the velocity of physical motion in the materials of his tissues, both in the interests of repair, and waste and elimination of effete or dead matter; and supplying the other conditions of life with results gratifying to both of us.

I may further remark, that I find his case a typical one of many chronic sufferers. They have permanently-modified molecular forms of structure, requiring conditions different from those affording comfortable life with physiological struc-

tures. They aim to have their physiological conditions of structure restored, and they are prescribed for with that end in view. I need hardly say, that both parties are always disappointed. No medicine ever did have, or ever will have, power to restore to their physiological states structures which have lost them. Whoever has or will do so, will wield the powers now attributed to the SUPREME BEING.

Better it were for both parties, physicians and patients, to accept the facts of life and aim only at attainable ends, which are to ascertain the new conditions of most comfortable life and conform to them. This my patient does; after reading to him this report of his case, on Tuesday afternoon last, to verify its correctness as to statement of facts, he told me he now enjoyed life better than at any time within the last twenty years, simply, as he believes, because he now, more fully than ever before, accepts as ultimate facts his new conditions of life.

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## Correspondence.

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OSAGE CITY, KAS., Oct. 14, '72.

DEAR SIR:—The "Health Report," you requested have not been forthcoming, because there has been no unusual condition here to expect. We have had a very ordinary amount of malarial disease, which has yielded readily to antiperiodics and such agents as secure the elimination of the smoke and ashes of the fire, which, when suffered to accumulate cause the typhs—malarial type. During August and September, we had some troublesome cases of Infantile Remittent, which I believe is too often obnoxious to any known treatment.

Quite recently I had a case from which I hoped to report the effects of one of that class of agents, that has proved more successful than any other in arresting fermentation within the body, but am only able to report one of those "little unpleasantnesses" that make too frequent episodes in the life of every earnest physician.

Since 1866, I have relied almost entirely upon the Bi-sulphite of Soda, in the treatment of Erysipelas, giving it freely internally and keeping the inflamed part wet with the saturated solution. The results have been much more satisfactory to physician and patients, than the topical use of nitrate of silver, iodine, &c., with the ordinary internal treatment.

During the spring of 1867, I employed it in small-pox, with like favorable results. I first used it in the family of I. S., consisting of the parents and four children, from one to thirteen years of age, none of whom had been vaccinated. William, aged nine years, was the first patient. The eruption was well marked, tongue heavily coated and pain in the back severe. Moved the bowels gently, and had the patient washed with the saturated solution, (Nichols,) gave ten drops every two hours, and had the house well furnished with sulphurous acid gas, twice each day. Subsequently the other members of the family contracted the disease and were treated in the same way. None of them had over fifty pocks, and some not a dozen, and none were confined to the bed a whole day. During the same epidemic I treated other families similarly, and all with equally favorable results. Other physicians, with the ordinary treatment lost several patients, and had others very sick and thoroughly marked.

Oct. 7th 1872, I was called at 10 a. m., to see a child three years old, that had been bitten on the finger two hours before, by a rattle snake. The wound had been well sucked out by the mother, but the hand and arm was much swollen, the nervous system was prostrated, and a strong tendency to sleep. I directed the western remedy, *spts. frumenti ad. lib.*, and had the arm and hand kept moist with aqua ammonia. This treatment was followed for fourteen hours, when the whisky was discontinued. Though the pulse was full and the general condition favorable. The following prescription was made to meet emergencies:

R̄ Aq. Amonia----- ʒi.  
 Aromat. Elixir,----- ʒss.  
 Glyc.,----- ʒs.

M. S.—Teaspoonful every hour or two, if prostration.

Oct. 8th 9 a. m., arm much swollen to the shoulder, and covered with blebs, pulse 120 and full, but little pain. The peculiar erysipelatous, feel and look of the limb, and the well known value of the bi-sulphites in arresting fermentation, induced its recommendation. Continuing the direction for the internal use of ammonia, the arm was swathed in the saturated solution of the bi-sulp. soda, and five drops ordered internally every two hours.

Calling in the afternoon, I was surprised to find a return to the original treatment, excepting whisky was substituted for the ammonia, both internally and externally, and an *onion poultice* was applied to the wound. The condition was in all respects much as in the morning. I explained to the family that alcohol would tend to arrest vital changes, now important, whilst they would be promoted by the amonia, and other changes not desirable arrested by the bi-sulphite.

I was subsequently informed that soon after my morning call a gentleman, who divides his time between doctoring bodies and, souls practicing and preaching, called at the house and informed the family that unless something was done the child would die. The family, naturally excitable and suspicious of the regular practice, immediately saw the child was much worse, and asked him to do something, when the treatment was changed as above stated, and a Dr. Martin, a brother-in-law was telegraphed for. He came down from Topeka on the 9th, and returned immediately, in time to get the following cheap puff in the "*Daily Commonwealth*" of the 10th.

"A child of Charles Dodds, of Osage city, was bitten by a rattle snake yesterday. Doctor Martin attended, and the child is doing well."

Learning of the interference of course I did not return to the case. I suppose we should have charity for the discourtesies of excitable people, for while there are those calling themselves doctors, who will stoop to buy meanness for a little cheap fame, we may always expect such episodes.

The question with the intelligent physician is not, did five drops of the solution of the bi-sulphite produce any change for the worse, but under the circumstances was the prescription "*secundem artem?*" My practice evinces my faith in it, and I feel sure if used at the stage directed, it would prevent the destruction of tissue consequent upon venomous bites, and for which, Miller and other esteemed authorities recommend free incisions, by which the effused serum may be discharged. Have any of your readers any experience in its use in these cases?

Respectfully,

W. L. SCHENCK, M.D.



DONIPHAN, KAS., Oct., 1872.

Editor MED. HERALD:

During the past six or seven months, in Doniphan and vicinity, we have had an unusual amount of sickness, and the success attending many of the efforts to arrest the progress of the diseases, in many instances have proven fruitless. During the months of April and May, there were treated here at least twenty-five cases of cerebro-spinal-meningitis, out of that number there were some seven or eight deaths. Out of the whole twenty-five cases there were not more than two or three females, and only about three adults; the balance of the cases were males, and usually under ten years old. My treatment consisted largely in quinia sulph. and ice to the head, purgatives, of course, when required, beef tea and good nursing. In one case, a boy ten years of age, I gave 60 grs. of quinine in twenty-four hours, and there was not a case recovered quicker and more effectually in all the twenty-five. This summer we have had to treat malarious diseases principally. We have had a few deaths from pernicious fevers. In this, I would remark, that the malarial fevers here have been more difficult to control than any previous year. There is a disposition to run into a continued type, and in the case of one of our ministers, the fever never ran higher than 100 pulsations per minute, but a persistent diarrhoea was kept up for twenty-five days, and in all the case resembled genuine enteric fever, so much so that I did not hesitate to say my patient died with typhoid fever, as all, or nearly all, the symptoms of that disease were present. Cholera infantum is another disease that has been difficult to control. A few deaths also from that disease.

I notice that most of the cases that

continued through the months of July and August without recovering, have since died. I have also treated several cases of dysentery, and never have I seen as much hemorrhage as I noticed in them, and the cases were hard to control, usually accompanied with bilious vomiting, seeming impossible to control it. Not only in cases of dysentery is the vomiting difficult to control, but in most all the malarial diseases, the percent. of deaths in this town and county have been larger than any year since we have been a community. There is not as much sickness now as there was ten days ago, and most all the cases now on hand will probably recover. I cannot now recollect a single case, (infantile cholera excepted) I have treated this summer and fall that was not referable to a malarious origin. With the exception of this season our county is usually quite healthy. Yours truly,

W. W. CROOK, M. D.

## Bibliography.

*Diseases of the Throat: A Guide to the Diagnosis and Treatment of Affections of the Pharynx, Esophagus, Trachea, Larynx and Nares.* By J. SOLIS COHEN, M. D., Lecturer on Laryngoscopy and Diseases of the Throat and Chest, in Jefferson Medical College, &c., &c., &c.; with one hundred and thirty-three Illustrations on wood. New York: Wm. Wood & Co., 1872. Price, \$5.00.

The work before us presents in a full and systematic manner the whole list of affections of the Throat and Nares, the methods of their diagnosis and the manner of treatment of each. The author's experience being large, he is able to draw liberally from this fund in elucidation of the many obscure and doubtful questions constantly presenting. The illustrations are numerous and exceptionally good. In typography, paper

and binding it is superior to any medical work recently issued.

*The Treatment of Syphilis, with Sub-cutaneous Sublimite Injections.* By GEORGE LEWIN, Professor at the Fr. Wilh. University, and Surgeon-in-Chief of the Syphilitic wards and Skin Diseases of the Charite Hospital, Berlin. Translated by CARL PRÖGLER, M. D., and E. H. GALE, M. D. Philadelphia: Lindsay & Blakiston, 1872. Price, \$2.25.

Dr. Lewin is the originator of this method of threatening Syphilis, and in the work before us we have the result of his experience for seven years in the treatment of two thousand cases. The author in his preface says:

"But I am far from thinking, notwithstanding its remarkable results, that the injection method is the only cure to be adopted, and I earnestly protest against such a one-sidedness on my part."

However admirable the method may be, it will be impossible to adopt it generally in private practice, for the simple reason that in the majority of cases it would be extremely inconvenient for the patient to meet the physician daily. However, as there are exceptional cases in which the administration of remedies *per orem* is objectionable, it is well to be fortified with a method against which the stomach cannot rebel; and therefore if for no other reason, the physician should be familiar with the hypodermic method of using mercury.

*Epidemic Cerebro-Spinal Meningitis, with an Appendix on some points on the causes of the disease as shown by the history of the present epidemic in the City of New York.* By MEREDITH CLYMER, M. D. Philadelphia: Lindsay & Blakiston, 1872. Price, \$1.00.

This is a brief sketch of the history, pathology and treatment of "Epidemic Cerebro-Spinal Meningitis," being mainly a reprint from the author's additions to the American edition of Aitkin's Science and Practice of Medicine.

*The Principles and Practice of Surgery.* By JOHN ASHURST, JR., M. D., Surgeon to the Episcopal Hospital, Surgeon to the Children's Hospital, &c. Illustrated with five hundred and thirty-three engravings on wood, Philadelphia. Henry C. Lea, 1871. Extra cloth \$6.50, Leather, \$7.50.

This is a handsome octave volume of about one thousand pages. While it is a complete treatise on surgery in all its branches, it is so condensed as to be especially suitable to the student, and at the same time full enough for a work of reference for the surgeon. Being fully up to the latest advances in the art and science it is just such a work as is required by the majority of practitioners throughout the land. The publishers have omitted nothing that would contribute toward its attractiveness.

## The Medical Herald.

LEAVENWORTH, KANSAS, NOVEMBER, 1872.

### QUININE AS AN OXYTOCIC.

In the early history of Posey county, Indiana, a distinguished disciple of *Æsculapius* observed two facts: *First.* That every one used quinine *pro re nata*. and *Second.* That pregnant women sometimes aborted. The inference drawn by him was, that as abortion was an unnatural process it was due to the action of quinine. Thereupon he sagily announced that quinine possessed parturifacient properties. In the process of time he died, and was gathered to his fathers, but it seems that wisdom did not die with him, for some of his lineal descendents have recently been advancing the same idea through the journals of the country. We are still in doubt whether they are laboring under the delusion, that in so doing, they are propounding something novel and strange, or whether they re-

believe that quinine possesses oxytotic properties.

"Considering our present advanced state of culture, and how the torch of science has now been brandished and borne about, with more or less effect, for five thousand years and upwards. How, in these times especially, not only the torch still burns, but innumerable rushlights and sulphur matches, kindled thereat, are also glancing in every direction, so that not the smallest cranny or dog-hole in nature or art can remain unilluminated, it might strike the reflective mind with some surprise," that in all the years in which quinine has been used and among all the close observers, so few should have discovered the detrimental influence of this agent upon the growth and development of our population.

If there be any truth in the theory, we in the West are placed in a most unpleasant dilemma. We must either permit all parturient females to shake and burn, or become slaughterers of the innocents, if we attempt to relieve them by using the great specific remedy.

Dogberry not being versed in the art of calligraphy was much troubled because the scribe was not present to write him down—an ass! These acute observers and profound reasons have the advantage of him in this respect, that they are able to indite their own folly, as well as to subscribe themselves what Dogberry was so anxious to have written down.

NORMAL OVARIOTOMY.—On the seventeenth day of August last, Dr. Robert Battey, of Rome, Georgia, removed both ovaries from a Miss Julia ———, for the purpose of remedying a series of grave disorders resulting from amenorrhœa.

Every other effort for relief having failed, and her life being despaired of, this novel and unprecedented operation was performed, on the supposition that the ovaries were the source of the menstrual molimen, and therefore their removal would at once establish the "change of life," and put an end to the suffering she had endured for the last seven years. The operation itself was successful, but whether the object for which it was done was fully accomplished, remains to be determined. It was a bold and hazardous procedure, but was justified on the ground that it was the only thing that offered any hope of relief from great suffering, or a reasonable prospect of a prolonged life.

DR. MCELROY'S ARTICLE.—In the July number of the HERALD we indulged in a little humor at the expense of Dr. MCELROY, which he was wise enough to take in the spirit in which it was intended, and enjoy most heartily. At his request we publish, in the present number, an article from his pen, which we consider a decided improvement upon any of its predecessors.

We think his diagnosis a correct one, and his treatment eminently wise and judicious. In any one whose name begins with Mc, prolixity is excusable. Presuming that the following sentence was intended as a connundrum, we give it up, but have no objection to our readers indulging in attempts at its solution.

"I generally speak of it to patients as fire-heat and water, but think of it as water whose particles, or ultimate molecules, have a certain velocity of physical motion, or chemical motion, which is communicated to organic structures with which it comes in contact."

**ARSENIC IN RABIES.**—Dr. Ernest Guisan of Berne, recommends the use of arseniate of soda, in one-twentieth grain doses twice a day as prophylactic, by persons who have been bitten by a rabid animal, and cites a number of cases in which it was apparently effectual. He believes that the germ of the contagion in rabies is formed by one of the lowest fungi; that the period of incubation extends, on the average, over five or six weeks; that the poison is then absorbed, spreads itself through the body by means of the circulation, and then multiplies indefinitely, producing, ultimately, irritation of the nervous centres, and especially of the *medulla oblongata*; and that arsenic prevents the development of the germ of contagion.

**HOW DO THE SPERMATOOA ENTER THE UTERUS?**—JOSEPH R. BECK, M. D., (St. Louis Med. and Surg. Journal), relates the following observations, which are of exceeding interest in connection with the above question:

"Calling at the residence of the patient next day, for the purpose of adjusting the uterine supporter, I made an examination by the touch, and upon introducing my finger between the public arch and the anterior lip of the prolapsed cervix, I was requested by her to be very careful in manipulating those parts, as she was very prone by reason of her passionate nature, to have the sexual orgasm produced by very slight contact of the finger. Indeed she stated that this had more than once occurred to her, when making digital examination of herself. Here then was an opportunity never before afforded to any one to my knowledge, and one not to be lost upon any consideration. Carefully separating the vulvæ with my left hand, so that the os

uteri was brought clearly into view in strong light, I swept the right forefinger across the cervix twice or three times, when almost immediately the orgasm occurred, and the following is what was presented to my view:

"The os and cervix uteri had been firm, hard, and generally in a normal condition, with the os closed so as not to admit the uterine probe without difficulty; but immediately the os opened to the extent of fully an inch, made five or six successive gasps, drawing the external os into the cervix each time powerfully, and at the same time becoming quite soft to the touch. All these phenomena occurred within the space of twelve seconds time certainly, and in an instant all was as before; the os had closed, the cervix hardened, and the relation of the parts had become as before the orgasm.

"Now I carefully questioned my patient as to the nature of the sensations experienced by her at the period of excitement, and she is very positive that they were the same in *quality* as they ever were during coition, even before the occurrence of the prolapse; but admits that they were not exactly the same in *quantity*, believing that during coition the orgasm had *lasted longer*, although not at all or in any respect different as to sensation. I had almost forgotten to make mention of the intense congestion of the parts during the "crisis," and introduce the statement here.

"When in connection with the statement of the patient, who is a very intelligent and appreciative lady, I add my own observation to the effect that there was no inflammation of any kind present, either in the os or cervix uteri, the vagina, bladder, or rectum; and that the

parts were in an entirely normal condition except as to position, I think we had the phenomena before us which are always present during coition; and the passage of the spermatic fluid into the uterus was explained fully, satisfactorily, and beyond the shadow of a doubt."

THE TREATMENT OF SMALL-POX BY VACCINATION.—In the August number of the London Lancet Mr. FURLEY, of Edinburgh, reported three cases of Small-pox, in which he either vaccinated or injected lymph after the eruption had appeared, and claimed for this method of treatment a curative action, or at least a modification of the disease.

In the Lancet, for October, Mr. ROBT. GRIEVE reports in detail, seven cases treated by this method, with the following results:

"In two instances death occurred (one from the hæmorrhagic form of the disease, the other with severe local and constitutional symptoms seemingly produced by the injection of the lymph;) in three more there was extensive suppuration or a succession of abscesses causing a protracted convalescence; in one there was some irritation at the seat of the operation, leaving a solitary instance in which the recovery was satisfactory.

"Although abscesses are common sequelæ of small-pox I have not before observed them occur in so high a proportion as they did in these cases, and therefore feel compelled to ascribe their production partially, at least, to the injection of the lymph.

"From the history of cases as given in this paper the profession will be enabled to form its own opinion of the value of Mr. Furley's cure for small-pox, but having carefully watched the cases while under treatment, and compared the result

with that in others admitted during the same period, I feel myself justified in saying that in not a single instance, did the treatment exercise any beneficial influence either over the progress of the disease or over the result, but rather the contrary. Consequently the opinion forced upon me is that the hypodermic injection of lymph in small-pox is worse than useless."

SYPHILIS.—Dr. Ricord, in a recent conversationé (the Doctor) was quite emphatic in the declaration that syphilis could be "perfectly, radically cured." The following in reply to a question by Dr. Gross is worthy of careful consideration:

Dr. Ricord said his opinion was that a soft chancre, when accurately diagnosed, never gave rise to constitutional disease. This was a law as absolute as possible. But they must be careful, or errors of diagnosis might be made. It was not always easy to establish the difference between soft and hard chancre, but when the diagnosis was certain, they might be sure they would not have any constitutional disease after the soft chancre. On the contrary, even as long as six months after hard chancre secondary symptoms would appear. This was one of the most clearly established facts in practice. But the hardness of the chancre was not always well marked (*bien formulée*); it might be very superficial in those varieties that were attended with excoriation. When there was a something like parchment at the base, a chancre was very easily taken to be soft, but was not so; and he had had cases sent to him as instances of soft chancre which had been followed by secondary symptoms, but which were well characterized by the parchment-like base. However, there was a symptom of more value than the parchment base, a symptom that was one of the most important witnesses to constitutional affection, and that was the non-inflammation of the glands—they

were cold and dull. In general several of them became enlarged; it was very seldom that only one was found to swell after hardened chancre; and not only were the glands swollen, but the enlargement frequently occurred on both sides, in both groins. The enlargement of the glands was of much value as a characteristic of hardened chancre. The enlarged glands appeared very early, even during the first fortnight of the existence of the sore. With the soft chancre the glands did not always swell; in a great many cases there was no swelling. They would never find a real hard chancre without swelling of the glands; and they would often find many cases of soft chancre with swelling, these cases depending upon surgeons confounding the hard chancre with thickening dependent upon inflammatory infiltration of the tissue immediately around the sore. But if the glands should swell after soft chancre, it was probably that suppuration would come on. With hard chancre there was no inflammation and no suppuration. The older writers directed their efforts to cause an indurated sore to suppurate, in the belief arising from the practical observation that when a bubo suppurated there was no constitutional disease, and therefore they were under the belief that the poison was thrown out of the body. In their quaint way of putting the fact, "they did not like to shut up the wolf within the fold." But they could not bring on specific suppuration in the case of indurated glands; it was impossible. He had tried all means of doing it, and could not succeed in the cases of specific suppuration. In the instance of soft chancre what had they to do—await the occurrence of suppuration, which might either be attended by simply inflammatory or specific bubo. When a patient consulted him (M. Ricord) suffering from soft chancre he said to him, "Be quiet; you may have a bubo; that will suppurate, but your constitution will be unaffected; you will not be liable to secondary symptoms." With a hard chancre he could predict indurated glands, attended by constitutional symptoms, within six months, provided

proper treatment were not followed. He would add, that when it was decided that the case was one of hard chancre or soft chancre, the treatment was very simple. When there was a doubt as to the nature of the chancre, he waited till some characteristic symptom arose. But there were cases in which the existence of a soft chancre did not prevent a patient from contracting a hard chancre. The patient might have the two species at the same time, contracted from the different sources. The two species, hard and soft chancres, do not depend upon the difference in the ground, but on a difference in the seed (*contagium*). So that the new comer who had relations with a woman suffering from the two species could take his choice. If the patient had a true indurated chancre and well diagnosed secondary symptoms, he might catch the soft chancre as often as he pleased, and it would be unattended with specific constitutional disturbance.

THE YOUNG DOCTOR.—Oliver Wendell Holmes, always humorous, gives in the *Atlantic Monthly* the following admirable pen-picture of a young candidate for medical renown:

"The young Doctor has a very small office and a very large sign, with a transparency at night big enough for an oyster-shop. These young doctors are particularly strong, as I understand, on what they call *diagnosis*—an excellent branch of the healing art, full of satisfaction to the curious practitioner, who likes to give the right Latin name to one's complaint; not quite so satisfactory to the patient, as it is not so very much pleasanter to be bitten by a dog with a collar round his neck telling you that he is called *Snap* or *Teaser*, than by a dog without a collar. Sometimes, in fact, one would a little rather not know the exact name of his complaint, as if he does he is pretty sure to look it out in a medical dictionary, and then if he reads, *This terrible disease is attended with vast suffering and is inevitably mortal*, or any such statement, it is apt to affect him unpleasantly.

"I confess to a little shakiness when I knocked at Dr. Benjamin's office door. 'Come in!' exclaimed Dr. B. F. in tones that sounded ominous and sepulchral. And I went in.

"I don't believe the chambers of the Inquisition ever presented a more alarming array of implements for extracting a confession, than our young Doctor's office did of instruments to make nature tell what was the matter with a poor body.

"There were Ophthalmoscopes and Rhinoscopes and Oscopes and Laryngoscopes and Stethoscopes; and Thermometers and Spirometers and Dynamometers and Sphygmometers and Pleximeters; and Probes and Probangs and all sorts of frightful inquisitive exploring contrivances; and scales to weigh you in, and tests and balances and pumps and electro-magnets and magneto-electric machines; in short, apparatus for doing everything but turn you inside out.

"Dr. Benjamin set me down before his one window and began looking at me with such a superhuman air of sagacity, that I felt like one of those open-breasted clocks which make no secret of their inside arrangements, and almost thought he could see through me as one sees through a shrimp or jelly-fish. First he looked at the place incriminated, which had a sort of greenish-brown color, with his naked eyes, with much corrugation of forehead and fearful concentration of attention; then through a pocket-glass which he carried. Then he drew back a space, for a perspective view. Then he made me put out my tongue and laid a slip of blue paper on it, which turned red and scared me a little. Next he took my wrist; but instead of counting my pulse in the old-fashioned way, he fastened a machine to it that marked all the beats on a sheet of paper—for all the world like a scale of the heights of mountains, say from Mount Tom up to Chimborazo and then down again and up again, and so on. In the meantime he asked me all sorts of questions about myself and all my relatives, whether we had been subject to this and that malady,

until I felt as if we must some of us have had more or less of them and could not feel quite sure whether Elephantiasis and Beriberi and Progressive Locomotor Ataxia did not run in the family."

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A LESSON ON DIAGNOSIS.—Dr. Waters, in a clinical lecture reported in the London *Lancet*, gives the following good advice to the young practitioner:

'It may seem to you an easy matter to make out the nature of a case. A man of experience will put a few leading questions, make perhaps only a slight physical examination, and at once pronounce a correct opinion of the existing ailment; and you may imagine that you will readily be able to do the same. But do not be mistaken. This power of rapid diagnosis has been the result of long observation and great painstaking; and you will find even that the man of the most matured judgment will often spend a long time over a case—will examine carefully all its details—before he will venture on an opinion of its nature. If you wish to attain to the power of rapid diagnosis in ordinary cases—you must begin by examining with the greatest care every detail of a series of cases which are the best marked instances of their kind. The study of these will prepare you to understand the varieties and complications which so constantly present themselves at the bedside.'

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SENSATION IN THE MOUSE'S EAR.—Dr. Schobl, of Prague, has made the distribution of nerves to the ear of the mouse a subject of special examination, and calls attention to the fabulous richness of this organ in nerves, the bat's wing being in comparison but poorly supplied. The ear of a mouse of ordinary size presents on an average 6,000 terminations, or for both ears 12,000. The function of this elaborate development is probably, as in the case of the bat's wing, to enable the animal to guide its way through dark, narrow passages.—*N. Y. Record*, Oct. 1, 1872.

## Miscellany.

M. LOUIS, the distinguished French physician, died recently in the eighty-sixth year of his age.

DR. J. BAKER BROWN, the celebrated gynæcologist, has become paralyzed, and is in great pecuniary distress. A fund is being collected for him in London, of which Mr. Forbes Winslow is the Treasurer.

THE Northern Ohio Lunatic Asylum, located at Newberry, was nearly destroyed by fire, Sept. 25, 1872. There were about six hundred inmates, several of whom were badly burned. Four citizens were buried in the debris.

FOR the accommodation of our subscribers we have established an agency for the supply of medical books. Upon the receipt of the publisher's price, we will forward by mail, post-paid, any medical work published in this country. All remittances should be by draft, post-office order or registered letter.

ON the 21st of August, Mrs. Timothy Bradlee, of Trumbull Co., Ohio, gave birth to eight children—three girls and five boys. They are all living, and are healthy but quite small. Mr. Bradlee was married six years ago to Eunice Mowery, who weighed 273 pounds on the day of her marriage. She has given birth to two pairs of twins, and now eight more, making twelve children in six years. Mrs. Bradlee was a triplet, her mother and father being twins, and her grandmother the mother of five pairs of twins.—*Boston Medical and Surgical Journal*.

A small boy in an Indiana town made several applications to be protected against the scourge of small-pox. Finally his physician was able to accommodate him with an excellent "scab" from a healthy boy; but when the patient found where it came from, he objected to the application being made for fear he would "stutter," as the boy who furnished the material was addicted to that method of articulating.—*Ex.*

DR. HOLLAND's serial story, entitled: "Arthur Bonnicastle," to be commenced in *Scribner's Monthly* for November, and continued through the year, will be autobiographical in form, and in a different vein from the earlier stories of this writer. It will incorporate much of personal experience, abound in interesting incident, and will deal with some of the most important problems of American life. The illustrations of this story by Miss Hallock will be among the best that have appeared in the Magazine.

*Harpers Monthly*, for November, contains a article on the "Treaty of Washington," which should be read by all who have taken an interest in this new method of settling national differences.

*The Eclectic*, for November, is of unusual scientific interest, and contains a continuation of the wonderfully humorous article entitled, "The Irish Member."

BOOKS RECEIVED.—Peaslee on Ovarian Tumors; Aitkens Science and Practice of Medicine; Chapman on Diseases and Displacements of the Uterus.

"QUILLOGRAPHS" is a heading in the Altoona (Pa.) *Tribune*.



# THE MEDICAL HERALD.

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## Original Communications.

### CASE OF SPURIOUS PREGNANCY.

By V. V. ADAMSON, M.D., Holton, Kansas.

Was called April 10th, 1872, to see a Mrs. T., aged about thirty-eight, a multipara, supposed to be in labor at full term.

*Clinical History.*—Was married at 20 years of age; had two sons; the oldest is 14; the second one died at the age of 6; would have been 10 had he lived; had a miscarriage two or three years after the birth of second child. Husband had syphilis. By this pregnancy she became contaminated, and this caused the abortion. Husband died from mania-a-potu. She lived a widow for some years; had to labor hard to support herself and children; during this time had a profuse leucorrhea, and suffered from prolapsus uteri.

After her second marriage she had but little uterine trouble. In fact she looked upon herself as enjoying good health up to the time of her supposed pregnancy. From this time on she had all of the usual signs of pregnancy, such as morning sickness, frequent micturation, constipation, capricious appetite; her abdomen began to enlarge; the areola to darken, and on the one hundred and fortieth day she felt foetal motion. This was kept up growing stronger each month. Her abdomen continued to enlarge until finally, at *full* term, she fell into labor, and sent out for her family physician, who remained with her one day and night, when he pronounced it a

false alarm, and told her that she would go into labor in about two weeks, leaving her an opiate, he went home.

At the end of the stated time she was again taken with labor pains. The doctor was sent for, but not being at home a mid-wife was called. She watched and waited for twenty-four hours; at the end of this time there was no more uterine pain, and all hemorrhage had ceased. She then told them that there was something about the case that she did not understand, and that when the woman was again taken in labor they must send for some medical man.

Two weeks from this time Mrs. T. was again taken sick. The attendants pronounced the labor very violent, whilst the hemorrhage was described as being frightful. It was at this time that a messenger was dispatched for me, with instructions for me to bring all necessary Obstetric instruments, and to make haste least the patient should die before my arrival. When I arrived I found the patient easy. (This was five hours after the messenger had been sent, the distance from my office to Mrs. T.'s being twenty-two miles). From the patient I learned the facts above mentioned. She also stated that for the last four months she had been subject to periodical floodings accompanied with uterine pains.

I found my patient to be a stout, muscular woman, of Irish origin, and apparently in the best of health. A physical examination showed the abdomen to be larger than it should be at full term. This enlargement seemed to be principally

from a deposition of adipose tissue; upon palpation a distinct wave would be produced, yet I was unable to determine whether or not there was an accumulation of fluid within the abdominal cavity, palpation, position and percussion all failing to clear up that point. The next step was to listen for the sounds of the foetal heart. This I failed to hear. I also was unable to make out the enlarged uterus; the case was now becoming to me painfully mysterious.

I now proceeded to make an examination per vaginam; found the vagina filled with a clot of blood; removed this and my finger came in contact with an elongated cervix; the Os patulous and tender upon deep pressure; by conjoined manipulation detected the body of the uterus in the hollow of the sacrum; it was the size of the foetal head at five months, and was tender upon deep pressure, yet there was no abnormal hardness.

Diagnosed the case—one of *Phantom pregnancy*, with more or less disease of the uterus. At this both husband and wife became greatly indignant, the one being exceedingly anxious for an heir, and the other claiming that as she had twice endured the pangs of maternity, she ought to be as capable of judging of her condition as "any male mid-wife." Prescribed:

R. Pulv. opium, . . . . gr. iv  
Acetate of lead . . . . gr. v

Every four hours as long as there was any hemorrhage; also directed perfect rest, and appointed another visit three days hence.

April 13th. Found Mrs. T. free from all pain, with but little hemorrhage, and quite cheerful. Digital examination showed the same condition of uterus as when called. Placed my patient on the table

before a good light, and introduced a bi-valve speculum; had no trouble in bringing the os and cervix in view; cervix was congested; os dilated, and blood slowly flowing from it. Uterine sound; showed depth of uterus to be  $4\frac{1}{4}$  inches. On striking uterine cavity with bulb of sound, but little pain was produced until that portion of the uterus where the right fallopian tube enters was struck. This produced the most intense pain; also discovered tenderness in region of right ovary; on withdrawing the sound there was a copious flow of blood; scrubbed out the uterus with muriated tinct. iron one part, and water seven parts; tamponed the vagina, and gave full doses of morphia to allay the great uterine pain produced by the examination; ordered the tampon removed in twenty-four hours, but that the patient should remain in bed two or three weeks. Prescribed

R. Fl. ext. ergot, . . . . ʒiv.

Sig.—One-half to one fl. ʒ every six hours.

R. Sulphate magnesia, . . ʒiv.  
Sulphate of iron, . . gr. xxxii.  
Sulphuric acid fl., . . ʒiv.  
Water pure fl., . . . ʒxxxii.

M. .

Sig.—One ʒ. in a glass of cold water every morning before eating as a regulator of the bowels.

R. Nitric acid fl., . . . ʒi.  
Hydrochloric acid fl., ʒii.  
Water pure fl., . . . ʒxiii.

M. .

Sig.—Thirty to fifty drops three times a day in half a glass of water.

Excluded all fatty articles from her diet, and forbid the use of sugar in any form. With this I left my patient, requesting a report from time to time that I might keep track of the case. At the

of one month the husband reported his wife as improving; was out of bed most of the time, but had a good deal of pelvic weight remaining. Continued treatment with the addition of a hot vagina bath once or twice a day, to be continued fifteen to twenty minutes each time.

June 25th—Still improving; is now able to be up from "morn till night;" has just passed through her menses; they were rather too free, and she had a good deal of uterine pain; ordered a continuance of treatment. This she kept up for a month, when she discarded all medication, declaring herself cured, and from this time on she has made a *hand* with her husband in the field.

*Remarks.*—To me the case was one of great interest, being the first of the kind that has ever fallen under my observation. Was the deposition of adipose tissue, the result of uterine disease, complicated with irritation of the right ovary? As the uterine trouble was removed, she came down to her normal weight, and the abnormal fullness of the abdomen disappeared entirely.

### A MOST REMARKABLE CASE.

By W. T. WISEMAN, M. D., Burlington, Kansas.

At about 1 o'clock on the morning of November 10, 1872, I was called to visit Miss —, a Welsh girl, who was said to be in a critical condition. On arriving at the house I found Dr. K. D., a physician of the Eclectic school, and Dr. J. D., a physician of the Homeopathic school, both distinguished in their respective systems of practice. I met Dr. J. D. in an outer room. I asked him the nature of the case, and he informed me that it was a bad case of *hernia*; that the *intestines of the girl were protruding*

*through the vagina more than six inches*, and that he was going in quest of a "dilator." My notions of Anatomy were somewhat upset, but I nevertheless went into the sick room and prepared to make an examination of the case. I found the alleged intestine carefully wrapped in cloths, saturated in warm water to prevent its being chilled. I unfolded the cloths and the protrusion was even longer than had been represented. I very carefully left the cloths unfolded and the protrusion exposed. At this time Dr. J. D., having searched the town through for a "dilator," returned, accompanied by Dr. M., the leading physician and surgeon in the county. Dr. M. had with him a bivalve speculum and other instruments, and after having kindly explained the use of these instruments, proceeded to examine the case for himself. He gazed long and anxiously at the aforesaid protrusion, and pronounced it a portion of the intestine. He then made a vaginal examination, and also examined the rectum with a view of discovering at what point the intestine entered the vagina. He then introduced his hand into the vagina, and carrying it well up through the os uteri, which was well dilated, found a Foetus.

It being a footing presentation, the woman was delivered of a dead child by Dr. M. and myself by the ordinary means in such cases used, and is now doing well.

I have headed this "A most remarkable case." The reader will probably discover where the "remarkable" part comes in.

THE retirement of Dr. J. M. Foltz, late Chief of Bureau of Medicine and Surgery, U. S. Navy, has placed Dr. J. C. Palmer in that position.

## REMOVAL OF OVARIES.

WHAT IS THE EFFECT OF THE REMOVAL OF BOTH OVARIES UPON THE GENERAL CONDITION AS WELL AS THE REPRODUCTIVE FUNCTION?

[Selected from Peaslie's Treatise on Ovariectomy.]

It was long since observed that even young female birds, in which the ovaries have become shrivelled, undergo an entire change in external appearance, their plumage resembling that of the male. Such birds are termed mules. It has also been asserted that women, from whom both ovaries have been removed, undergo a decided physical change, they becoming thin, their features more masculine, the voice harsh, the breasts atrophied, and sometimes a well-developed beard resulting from the operation. In Mr. Pott's case, already cited (p. 227), the first-mentioned two of the preceding changes occurred; in a case reported by Dr. A. Reeves Jackson, "the voice became harsher and more masculine, but otherwise no change was discernible;" and Dr. W. L. Atlee found one of his patients, after double ovariectomy, with a "shaved beard." This was, however, fourteen years after the operation, and the change probably occurred during the previous three years, the patient passing from forty-seven to fifty years of age; since Dr. Atlee makes no mention of the change as having occurred when he visited her at the age of forty-seven. I have seen a well-developed beard in three instances in women who had cystic disease of the ovary, and should accept such a fact as a ground of suspicion that both ovaries are affected. In all these cases the tumors had developed slowly; but I have been unable to trace their subsequent history.

But, on the other hand, it should be stated that the same changes which have been mentioned above have been ob-

served in women, especially when somewhat advanced in life, who have never been suspected of ovarian disease of any form.

The cases I have just detailed must also be regarded as exceptional. In three of my first six cases, both ovaries were removed, and neither of the patients has lost any of her feminine attributes up to the present time, so far as indicated by external appearances. The time which has elapsed since the three operations is twenty-one, sixteen, and nine years. I have since had six successful cases of ovariectomy, in neither of which has any change in the physical appearance occurred; but the time with these has been only from six to two years. Nor do Dr. Clay and Mr. Wells, with their extensive experience, mention any instances of the occurrence of such changes. In respect to the voice acquiring a masculine quality, Mr. Wells quotes his patient, on whom he performed a second ovariectomy, eighteen and a half months after a previous one, as writing to him, between three and four months after the second operation, as follows: "I think upon the whole I feel as well as I did after my first operation. My voice is stronger. I can sing from A up to C natural." This testimony is entirely reliable, as the patient was a teacher of singing.

It cannot therefore be stated, as a general proposition, that the removal of the ovaries produces a change in the physical organization of woman, so as to make her more masculine in appearance, voice, and form; though such changes sometimes follow double ovariectomy, as well as attend the progress of ovarian disease in cases not submitted to that operation; but they also occur independently of any suspected ovarian lesion.

Admitting for the moment that it is the influence of the ovaries which mainly determines the feminine attributes of woman, it should really make no difference whether both ovaries have been successfully removed, or are merely no longer capable of performing the functions of ovaries on account of disease; and we should as certainly see the changes above specified, in case of prolonged disease, involving the entire structure of both ovaries, as in the class of patients under consideration. But if this supposition is correct, it certainly requires a considerable length of time after the entire cessation of ovarian influence, whether from disease or from extirpation, before the effect of its withdrawal become apparent—twenty-two years sometimes not being long enough (as in my first case) to show any commencement of such changes. Still, I am inclined to adopt the above hypothesis, in a general way, from the want of a better up to the present time.

Finally, the alleged cases of menstruation after the removal of both ovaries demanded examination. And the following well-authenticated cases of apparent catamenial discharge may be quoted:

In my first case of ovariectomy, in September, 1850, a sanguineous flow occurred *per vaginam* on the third day, and continued for three days. A similar flow has since occurred in three other successful cases, continuing from one to four days. Dr. W. W. Greene reports four such cases, the flow in one instance returning a second time. Dr. A. Reeves Jackson, of Chicago, Ills., reports a case, operated on by himself, August 31, 1865, the patient being forty-four years old. Her regular monthly period had ceased the day before the operation. A flow *per vaginam* recurred thirty-one days af-

terward, and continued four days, with the usual symptoms of lassitude, nervousness, and back-ache. It again appeared after an interval of eighty-three days; and after this time it recurred with perfect regularity every twenty-eight or twenty-nine days for twenty-two months, accompanied by all the ordinary symptoms of menstruation, and lasting each time from three to five days. It then ceased for four months, to reappear for the last time; the patient being now forty-seven years of age. During all this time the patient's general health was excellent; and Dr. Jackson satisfied himself that there was no disease of the uterus or vagina. He communicated the principal features of this case to Dr. W. L. Atlee, Mr. Wells, Dr. Charles Clay, Mr. I. Baker Brown, Dr. H. R. Storer, and others, and was surprised to find that they had each met with similar ones.

Unquestionably, therefore, a sanguineous flow occurs *per vaginam*, in exceptional cases, after double ovariectomy; this obtaining only once or several times, at regular or irregular intervals; and very soon, or a considerable length of time, after the operation. But can such a flow be appropriately termed menstruation?

Dr. Charles Clay, of Manchester, England, wrote Dr. Jackson (April 24, 1869) that, in about two hundred and twenty cases of ovariectomy, he has performed double ovariectomy four times; and that in three of these he had noticed subsequent sanguineous discharge, which, however, he had never considered as menstrual, but attributed it to congestion of the lining membrane of the uterus.

If, for the moment, we set aside all the generally-received ideas of menstruation as depending on ovulation, I suppose no

one would accept as menstruation the flow which occurs but once, and in the first week after the operation, or indeed at any point of time thereafter. Such a hemorrhage is a mere uterine epistaxis, or metrostaxis, as Mr. Wells has appropriately named it; and may arise from the body of the uterus alone, or the cervical canal, or both at the same time.

The only cases which can, with any reason, be accepted as instances of menstruation, are those in which the flow returns repeatedly, and with more or less regularity; as in the case of Dr. Jackson, the two cases of Dr. W. W. Atlee, the third of Dr. Storer's cases; the case of Le Fort and of Kœberle. Since Mr. Brown speaks in his last case (No. 7) of *the* pedicle adhering to the parietes, I infer that but one ovary had been removed.

Thus we have in literature six cases of apparent menstruation after double ovariectomy. Is it really such?

If we define menstruation to be the sanguineous flow which is produced by ovulation, or which merely accompanies ovulation, of course the term is here inapplicable; since, in the absence of the ovaries ovulation is impossible. But, there is no proof, or any probability, that ovulation produces true menstruation. Certainly, ovulation, and even parturition, occurs in some women who have never menstruated. Menstruation is, therefore an accidental rather than an essential function; and it has no analogue in most of the lower animals. In itself considered, it is merely a flow of blood at stated periods, from the interior of the uterus, irrespective of its connection or causation. But, in its scientific acceptance, it has always been restricted to flow from the cavity of the uterus and Fallopian tubes, which returns once a month to a healthy, non-

pregnant woman of the child-bearing age. More recently, it has been found also that ovulation occurs especially, but not exclusively, at the same time; and physiologists are therefore obliged to associate this idea also with menstruation, as the before-mentioned characteristics always have been. And we must have some term to express precisely these ideas, and no more nor less. We must therefore cease to use the term in this sense, and substitute another, or retain it in this sense alone. In other words, if an exceptional uterine flow in circumstances such that evulation is impossible be called menstruation, the same term must not be applied to the flow which physiologically accompanies ovulation. No one, I suppose, proposes to relinquish the term in the latter circumstances; it must, therefore, not be applied in the former, but a new term must be used, and metrostaxis is unobjectionable. Metrostaxis may occur at any time, and does occur under very diverse circumstances, from any part of the uterine cavity or the cervical canal, in a congested state of the internal vessels of the non-pregnant uterus; and may occur from the cervical canal alone even during pregnancy, or, after the removal of the ovaries and all of the uterus except the cervix, as in Kœberle's case. The flow may also, though very rarely, become quite regular, as we have just seen in cases in which both ovaries have been removed. But all this is mere metrostaxis, and not menstruation, and cannot be cited to disprove any theory of the causation of true menstruation. And no such theory, therefore, need here be discussed.

Thus, double ovariectomy, as a rule, is not followed by any loss of the special characteristics of woman; the only de-

cided physiological change being a final cessation of menstruation as well as of ovulation. Three of my own patients, married and highly-educated ladies, after recovery again became splendid examples of womanhood, enjoying the most perfect health, and retaining all their former attributes of mind as well as of body, and with undiminished sensory capacities in their matrimonial relations.

## Correspondence.

### THE SOLUTION OF THE CON(N)- UNDRUM.

*Editor Herald.*—None better know the liberties compositors types take with "copy," and particularly MSS. copy, than proof readers, and authors, as well as editors. Upon such a metamorphosis is based the conundrum, (which is itself misspelled), proposed by the editor in his comments on "Dr. McElroy's article." My intention was to write "Free heat and water," and not "Fire, heat and water," as the types make me say. By substituting "Free" for "Fire," the con(n)undrum is solved.

I certainly do speak to my patients of heat being free in hot water, because it is heat, so to speak, actual, dynamical, and not heat statical, possible, or potential, as it is in a piece of coal, for instance. A piece of coal may be placed in contact with living tissue, and no other results follow than from similar contact with any other solid body. The heat, so to speak, *in it*, is statical, or possible, and becomes actual, or dynamical, during combustion or oxidation. But the heat, so to speak, in boiling water is heat actual—dynamical, for when brought into contact with living tissue, communicates to the molecular particles a veloc-

ity of physical or chemical motion which breaks up molecular arrangement of structure. This is what is popularly and professionally called "scalding;" hence, in using "free heat and water" medicinally, its temperature or velocity of motion of its particles, must be reduced to that point at which forms of structure are not interfered with.

I must not be understood as speaking of "free heat" as an entity—a something separate from matter—for science now demonstrates heat to be a mode of motion, in or by the molecules or atoms of matter as it is organized or unorganized.

It seems to me that a clinical report which does not reproduce in the readers' mind the *personel* of the patient is incomplete, and liable to mislead in the re-application of its therapeutics.

What the professions of medicine and the people call "disease," is merely some modification of a natural process, or processes, of the body. The classifications of so called "diseases" are, therefore, the basis of all quackery in or out of the profession. Where the people and profession agree in regard to the actual parts of sickness, viz: that each separate case is a matter to be investigated and prescribed for on its actual facts alone, without any reference to any class of so called "diseases," then quackery ceases at once, and is not likely to cease before. Medicine then will rank with astronomy, mathematics and engineering, as an exact science and art.

No reader of THE MEDICAL HERALD ought to epitomize my report, as it would probably be done for any one of the semi-annual abstracts, compendiums or retrospects of the improvements in the science and art of medicine, viz: "Dr. McElroy, in the Leavenworth MEDICAL HERALD, reports a case of dispepsia of long stand-

ing, cured by free heat and water, *i. e.* water as hot as can be *sipped* in large quantities, daily, with small doses of valer. ammon, quin and sulphate of morphia.

There are other unimportant typographical errors which readers will readily correct for themselves, as on page 58, 2d column, 34th line, "after" should read "often."

Very truly yours,  
Z. C. McELROY.

Zanesville, Ohio, Nov. 12, 1872.

## Bibliography.

*Lessons in Physical Diagnosis.* By ALFRED L. LOOMIS, M. D., Professor of the Institutes and Practice of Medicine in the Medical Department of the University of New York, &c., &c. Third edition, revised and enlarged. New York. Wm. Wood & Co., 1872.

The best diagnostician is always the most successful practitioner. One of the best works on Physical Diagnosis is that of Dr. Loomis. The present edition has been enlarged by the addition of five new lessons, three on examination of the urine as applied to diagnosis, and two on the mechanical aids to diagnosis.

*Hysteriology; A Treatise, Descriptive and Clinical, on the Diseases and Displacements of the Uterus.* By EDWIN NESBIT CHAPMAN, M. A., M. D., late Professor of Obstetrics, Diseases of Women and Children, and Clinical Midwifery in the Long Island College Hospital. New York: William Wood & Co., 1872.

The volume before us is systematically arranged, and extremely well written; evincing scholarship, on the part of the author, as well as painstaking industry, close observation and manly independence.

The large vein of egotism that permeates the book is an objectionable fea-

ture, but may be excused on account of a certain charm that it gives to some of the author's flippant sentences. His pathology, ætiology, and treatment, are in accord with the most advanced state of the science of medicine to-day.

The lampooning he gives extremists is refreshing in the extreme.

The book will amply repay one for a careful perusal, and will convey some wholesome instruction to those who, from ignorance or design, make a toy of the uterus to play their mad pranks upon.

*The Science and Practice of Medicine.* By WM. AITKIN, M. D., Edinburgh, Professor of Pathology in the Army Medical School. Third American from the sixth London edition; with additions by MEREDITH CLYMER, M. D., (University Pennsylvania), &c., &c. In two volumes, with steel plate, map, and one hundred and eighty wood cuts. Philadelphia: Lindsay & Blakiston, 1872. Price, cloth, \$12; leather, \$14.

The profession generally is well acquainted with the character and standing of this superb work. It occupies the first rank among treatises upon the practice of medicine, and richly deserves all the praise that can be bestowed upon it.

Not only has the author devoted eighteen months to a thorough revision, adding nearly one-third of new material, but the American editor has contributed largely from his rich stores of experience, thereby making it conform to the requirements of the practitioner on this continent. No medical library can be considered complete without a copy of this truly "representative book."

LINDSAY & BLAKISTON'S PHYSICIANS' VISITING LIST for 1873 is now ready. For simplicity, cheapness, and convenience, it surpasses all others.



## The Medical Herald.

LEAVENWORTH, KANSAS, DECEMBER, 1872.

**THE EPIZOOTIC.**—The great value and utility of the horse, and his almost indispensable necessity to man in the various business pursuits, was never so thoroughly appreciated as now. The precise nature of the disease that has been, and is now prevailing so extensively, has not been clearly determined, but the general opinion seems to be that it is an epizootic *influenza*, very similar in its nature and manifestations to epidemic influenza in the human animal.

"It runs a definite course; is accompanied by severe nasal catarrh, general fever and debility; and in severe cases the lungs and pleurae are apt to be affected." In view of the fact that we may reasonably expect the disease in this State, we have taken the trouble to carefully consider the reports of the disease as it existed in various localities, and the method of treatment, which gave the best results.

During the acute stage of the disease, rest within doors in warm rooms, with good ventilation, a light, nourishing diet, mild febrifuge medicines, and attention to the local troubles of the throat, constitute the essentials of the treatment. When so treated, most of the horses will safely pass through the febrile stage; but as the fever destroys the integrity of the blood, the same care must be exercised during convalescence, or the animal will succumb to dropsy, or emphysema, as was the case in New York and Philadelphia, where they were exposed to cold, wet and fatigue too soon after the subsidence of the fever.

**RABIES IN THE POLE-CAT.**—We are informed by Judge Miller, of Ellsworth, that a plainsman died at the City Hotel a few days since from hydropobia, resulting from the bite of a pole-cat, and that this was the sixth death from this cause, within his knowledge, in the past six months. The victims were either cattle herders or hunters, and all were bitten at night while asleep.

The disease manifested itself in every case from four to six weeks from the time the parties were bitten. Rabies in the domestic cat is quite rare, and we do not remember ever having heard before of its existence in the pole-cat.

We would suggest to all plainsmen the propriety of issuing the following military order: "If a skunk dares to raise his tail, *shoot him on the spot.*"

**ED. HERALD.**—Desiring a little more light I take the liberty respectfully to submit the following questions:

1st. Why does the administration of colchicum produce light yellow stools?

2d. Why does the administration of iron produce black stools?

3d. Where will I find a description of Douglass' Sack and Douglass' Space?

Please answer in the December number of the MEDICAL HERALD, and oblige.

Respectfully yours,

"DANIEL."

[The first question we cannot answer. Iron itself is black, and as it is usually administered in much larger quantities than is absorbed, the excess gives color to the stools. Furthermore the iron compounds generally are quite feeble in their affinities, and consequently the iron is readily precipitated by many substances within the *prima via*. You will find a description of Douglass' cul-de-sac in "Meigs' Obstetrics."—ED.]

### NEEDED LEGISLATION.

At the last meeting of the State Medical Society, a committee was appointed to prepare a bill for the registration of births, marriages and deaths, and secure its passage by the next Legislature. There was also appointed a committee to secure the enactment of a law granting reasonable fees to physicians appearing as expert witnesses. We do not propose now to discuss the importance of, and the necessity for such legislation, but merely desire to remark that it is the duty of every member of the profession throughout the State to urge their importance upon the member of the Legislature from his district, and thereby prepare the way for the action of the committees. We are very firmly of the opinion that unless such action is taken it will be worse than useless for the committees to visit the Legislature, as their efforts will, as heretofore, prove of no avail.

During the session of the Legislature the members are so harrassed by applicants that they are disposed to turn a deaf ear to all proposed measures in which they do not feel a direct interest. Besides, the committees would not be able, if even they felt inclined, to remain at the seat of government and follow the bill through all its varied and tedious stages. We reiterate the necessity that exists for every member of the profession to exert his influence in behalf of the measures desired in advance of the session of the Legislature.

**REVACCINATION.**—The time is rapidly approaching when we may reasonably expect an epidemic of this dread disease. Since mid-summer it has prevailed extensively in St. Louis, and is increasing rather than abating at this time. "The total number of deaths from small pox in the German army during the recent Franco-German war, was two hundred

and sixty-three. This small mortality is attributed to the system of compulsory revaccination; which every man who enters the army must undergo. On the other hand, in the French army, where revaccination is not compulsory, the number of deaths was twenty-three thousand four hundred and sixty-nine." It seems strange to us that with all the evidence before the public in reference to the simple and efficient method of warding off this disease, so little regard is paid to it. We take occasion to again urge upon our people the propriety of vaccination and revaccination until there shall be none unprotected to furnish the nidus for the development and spread of this preventible disease.

**INTERNATIONAL EXHIBITION.**—At the request of Colonel John A. Martin, one of the Commissioners for Kansas, we publish the following address, in the confident assurance that the members of the medical profession in our State will permit none to excel them in the effort to make the Centennial Celebration the grandest exhibition of ability, resources, achievements, and patriotism, that the world has ever witnessed:

*To the People of the United States:*

The Congress of the United States has enacted that the completion of the One Hundredth Year of American Independence shall be celebrated by an International Exhibition of the Arts, Manufactures, and Products of the soil and mine, to be held at Philadelphia, in 1876, and has appointed a Commission, consisting of representatives from each State and Territory, to conduct the celebration.

Originating under the auspices of the National Legislature, controlled by a National Commission, and designed as it is to "Commemorate the first Century of our existence, by an Exhibition of the Natural Resources of the Country

their development, and of our progress in those Arts which benefit mankind, in comparison with those of older Nations," it is to the people at large that the Commission look for the aid which is necessary to make the Centennial Celebration the grandest Anniversary the world has ever seen.

That the completion of the first century of our existence should be marked by some imposing demonstration is, we believe, the patriotic wish of the people of the whole country. The Congress of the United States has wisely decided that the Birth-day of the Great Republic can be most fittingly celebrated by the universal collection and display of all the trophies of its progress. It is designed to bring together, within a building covering fifty acres, not only the varied productions of our mines and of the soil, but types of all the intellectual triumphs of our citizens, specimens of everything that America can furnish, whether from the brains or the hands of her children, and thus make evident to the world the advancement of which a self-governed people is capable.

In this "Celebration" all nations will be invited to participate; its character being International. Europe will display her arts and manufactures, India her curious fabrics, while newly opened China and Japan will lay bare the treasures which for centuries their ingenious people have been perfecting. Each land will compete in generous rivalry for the palm of superior excellence.

To this grand gathering every zone will contribute its fruits and cereals. No mineral shall be wanting; for what the East lacks the West will supply. Under one roof will the South display in rich luxuriance her growing cotton, and the North in miniature, the ceaseless machinery of her mills converting that cotton into cloth. Each section of the globe will send its best offerings to this exhibition, and each State of the Union, as a member of one united body politic, will show to her sister States and to the world, how much she can add to the greatness

of the nation of which she is a harmonious part.

To make the Centennial Celebration such a success as patriotism and the pride of every American demands will require the co-operation of the people of the whole country. The United States Centennial Commission has received no Government aid, such as England extended to the World's Fair, and France to her Universal Exposition, yet the labor and responsibility imposed upon the Commission is as great as in either of those undertakings. It is estimated that ten millions of dollars will be required, and this sum Congress has provided shall be raised by stock subscription, and that the people shall have the opportunity of subscribing in proportion to the population of their respective States and Territories.

The Commission looks to the unfailing patriotism of the people of every section, to see that each contributes its share to the expenses, and receives its share of the benefits of an enterprise in which all are so deeply interested. It would further earnestly urge the formation in each State and Territory of a centennial organization, which shall in time see that county associations are formed, so that when the nations are gathered together in 1876 each Commonwealth can view with pride the contributions she has made to the national glory.

Confidently relying on the zeal and patriotism ever displayed by our people in every national undertaking, we pledge and prophecy, that the Centennial Celebration will worthily show how greatness, wealth and intelligence, can be fostered by such institutions as those which have for one hundred years blessed the people of the United States.

JOSEPH R. HAWLEY, Pres't.  
LEWIS WALN SMITH, Temp'y Sec'y.

TINTING OR TATTOOING OPACITIES OF THE CORNEA.—The unsightly appearance of leucomata, or incurable dense opacities of the cornea, is often a source of annoyance and mortification, especially to females. M. Wecker has practised a method of concealing these unsightly

opacities, which has met with much favor and been successfully resorted to by various ophthalmic surgeons.

Dr. Charles Bell Taylor, of Nottingham, in a communication read before the Surgical Section of the British Medical Association in August last, (*British Medical Journal*, September 7th, 1872,) states that the operation, "which, as a rule, causes very little pain or irritation, is best performed with a number of the finest needles firmly bound with the points on a level around a handle such as a penholder, or a large needle which has been grooved for the purpose by Messrs. Weiss may be substituted with advantage in certain cases. The substance which M. Wecker recommends for tinting is India ink; but I have also employed sepia, ultramarine, and other colours with advantage, and, when an immediate and deeply coloured effect has been desirable, a combination of lampblack with India ink, and a solution of nitrate of silver. The patient may either recline or be seated in a chair, and it is well to separate the lids with a speculum and steady the globe with a pair of ordinary forceps, taking a firm grasp of the conjunctiva. The needles are then dipped in one or other of the solutions in question, which should be made as thick as possible, and the superficial layers of the cicatrix are rapidly punctured in an oblique direction, and layers of the solution applied just as in ordinary tattooing, until the white speck is changed from a most apparent deformity into a black surface scarcely visible; a fresh layer of the substance is then applied over the tattooed cicatrix, the patient is directed to keep his eyes open, so as to let it dry on and remain as long as possible, and he may at once go about his usual avocations.

"It is important not to close the eye, and to prevent, as far as possible, the washing away of the pigment by the tears; this is best accomplished by enveloping the operator's fingers with a silk handkerchief, so as to mop up the secretion, and afterwards by the avoidance of winking on the part of the patient. M. Wecker is content with ten or fifteen

punctures at a time, and requires his patients four or five sittings. I have, however, usually completed the operation at once, and made any little addition that might appear necessary some weeks later; the slightest specks, such as are left after phlyctenular conjunctivitis and small ulcers of the cornea, are easily banished by one or two pricks of the needle; and when the whole eye has been opaque, very unsightly, and sight completely abolished, I have very advantageously substituted extirpation of the globe, or the superimposition of an artificial eye, by tattooing a round central pupil so as to restore to a remarkable and most charming degree the natural appearance of the globe. Not only is deformity removed by this slight operation, but patients generally tell us their sight is improved, a fact due, no doubt, to the circumstance that a black speck is much less dazzling than a white one.

"In cases of large cicatrices, I generally make an artificial pupil first, and tint the opacity afterwards; and when this is carefully done, it is difficult to distinguish the black speck from the neighboring artificial pupil. I have no doubt that this little operation will also be found of service in cases where considerable dazzling follows the removal of a portion of iris, either *per se*, or when the operation has constituted a part of the operation of extraction for cataract; as by tattooing the cornea an invisible opacity may be occasioned which will constitute a permanent shade, and shut out the light to any required extent; soft cicatrices are readily colored, but old, hard, and incrustated ones are more difficult of treatment. In these cases, the nitrate of silver and lampblack are of service; no doubt, also, lead, sulphur, charcoal, gunpowder, and other ingredients will come to be employed in time. In some cases the coloration is not very permanent, but it may always be repeated; and, even if the perfect blackness do not remain, a grayish semitransparent coloration takes its place, which looks very like cornea and it is infinitely preferable to the original deformity.

It is well to commence the tattoo at the lowest surface to be operated on, in order that the operator's sight may not be obscured by an overflow of the liquid." Dr. Taylor concludes by quoting a case in which this addition to our armamentarium enabled him to render a real service to a young lady who was suffering not only from the loss of sight, but also from a most embarrassing deformity.

Mr. C. S. Ticehurst, dresser to the eye department of Guy's Hospital, states (*Lancet*, May 4th, 1872,) that this tinting operation has been performed many times in the hospital, and with the most satisfactory results. He thinks that the tattooing made with the ordinary needles looks better than when made with the grooved ones, and that M. Bader has tried them and approves of their use. "As to the depth to which one pricks in the corneal epithelium, it is only necessary just to enter it, and it requires more force to do so than might be imagined." There is little after-treatment required; no bandage is required; the eye may be bathed in water if uncomfortable, and the patient directed to use his eyes freely.—*Am. Jour. and Med. Sciences.*

ADMINISTRATION OF CHLOROFORM.—DR. G. W. MURDONCK, having tried various formulæ proposed to facilitate the ingestion of chloroform, has found that some were difficult of execution, others contained sulphuric ether, and others again contained but little chloroform. He considers the best proceeding to consist in dissolving the chloroform in glycerin (1:3), which is effected with tolerable facility, and gives a very clear solution, pleasant to the taste, and with a strong odor of chloroform. This solution can be mixed in all proportions with water, without the occurrence of any precipitation, though the odor is distinctly perceptible. In forming the mixture it is well to add the chloroform slowly, and to mingle the two thorough-

ly. It should be left at rest for twenty-four hours; at the expiration of this period a portion of the chloroform will be found to have collected at the bottom of the vase; this should be separated and mixed with an additional part of glycerin, when no further separation will occur. This mixture may be kept for some time without any loss of chloroform by evaporation.—*Medical Times.*

THE OS UTERI LOST IN LABOR.—A letter of Dr. E. Kennedy, in *The Doctor*, contains the following extraordinary case:

A patient in her third labor, which was somewhat violent, had slight hemorrhage. The head was well engaged in the pelvis, and some fleshy mass was found to protrude from the vulva. The pains increasing, a complete circular ring, about three-eighths of an inch thick by an inch in breadth, escaped, which, on examination, proved to be the detached os uteri in its entirety. The labor proceeded rapidly. There was very little hemorrhage; and the patient made a favorable recovery, the lochial discharge continuing longer and being more offensive than usual. Of the after-history of this case, and whether she bore more children, I am ignorant.—*Medical and Surgical Reporter.*

A NOVEL DISINFECTANT.—Mrs. Bountiful goes to visit the gardener's wife, who was just confined. "Glad to see you and the dear baby so well, Mary; but—hem, ha—I think, perhaps, you are a little *close*, and I shall send you some chloride of lime to put in a saucer under the bed." Mary—"Oh, please, missus, don't go to make me have no more of them stinks; nuss's breath'll keep hoff anythink that thar fly through the hair.—*Med. Times and Gazette.*

## Miscellany.

FOR the accommodation of our subscribers, we have established an agency for the supply of medical books. Upon the receipt of the publisher's price, we will forward by mail, post-paid, any medical work published in this country. All remittances should be by draft, postoffice order, or registered letter.

DR. FELIX VON NIEMEYER'S large and valuable library has, since his death, been bought by Albert Moses, a bookseller of Lubingen. He has carefully catalogued it, arranging it with the same headings as are found in the "Practice" of Niemeyer. He thus offers members of the profession an opportunity to rescue the whole or part of the library once belonging to this great master in medicine.

A boy, thirteen years of age, recently died in the Middlesex hospital, London, from injuries caused by a fall from an omnibus. His brain after death was found to weigh fifty-eight ounces, about eight ounces above the average male adult brain. The lad had been particularly healthy, without any evidences of rachitis, and was very intelligent.

DR. R. ANGUS SMITH says that the air of houses should not contain carbonic acid enough to give a precipitate when a ten-ounce bottleful is shaken with half an ounce of clear lime-water.

ON Wednesday, November 6th, Dr. Samuel Ashmore, of Topeka, being intoxicated by liquor, shot and killed his wife in his own house.

DR. J. R. SHELLENBERGER writes: For keeping pathological specimens, I employ the following: Common table salt,  $\mathfrak{z}$  iv.; powdered alum,  $\mathfrak{z}$  ij.; bichloride of mercury, gr. ij.; water, pure, O ij.

If the preparation is delicate, take four pints of water. If it contains any osseous tissue, leave out the alum, and double the salt according to formula first.

*Scribner's Monthly* for January will contain contributions from William Norris, Wm. C. Bryant, Bret Harte and George McDonald, with other striking and popular features.

*The Kansas Magazine* enters upon its third volume with the January number. The success it has already attained is only an earnest of the bright future that belongs to this "wild western scheme."

*Eclectic Magazine*.—The December number of this sterling monthly is embellished by a splendid portrait of Dr. Norman McLeod. The seventeenth volume will begin with the January number, and promises to be of greater interest than any previous one. Published by E. R. Pelton, 108 Fulton street, New York. Terms. \$5.00 a year.

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# THE MEDICAL HERALD.

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## Original Communications.

### TYPHO-MALARIAL FEVER — A CASE.

By J. H. Van Eman, M. D., Tonganoxie, Kan.

Oct 23, 1872, called to see Mr. C—, farmer, aged 42, married. Saw him at 8 P. M., and received the following history of the case: Some three weeks before, had chills and fever, the fever assuming more and more of a continued type. Sent for his family physician, who, being busy on his *farm*, did not come, but sent some medicine which set up extreme catharsis. Delirium setting in, they sent for another doctor, who got the bowels under control, then gave calomel to act on the liver, and again had great trouble in getting the bowels under proper control. Still continued delirious and without sleep for the next six days, when the second doctor was discharged and I was called in. On making examination, I found his tongue covered on the center with a dark brown coating; red at tip and edges; eyes somewhat congested; pupils rather contracted, but respond slowly to light; respiratory and percussion sounds normal; pulse 118, and rather feeble; bowels, tympanitic gurgling and great tenderness in right illiac region; no movement of bowels for 24 hours; urine high-colored and scanty; constantly picking at the clothing, and working his hands and fingers when in his most quiet moods; every few minutes would try to get out of bed, and out of the house; when asked if he had any pain, he gave a negative answer, and when asked how

he felt, always said, "Very well." In fact, when asked any question, not requiring much thought, would give apparently correct replies; but I soon found that there was no dependence to be put in his answers. His friends reported that he had not been sound asleep for at least a week, also, that he commenced getting worse every afternoon about 3 o'clock, and was worse from that time until midnight.

Diagnosis.—Typo-Malarial Fever.

R. Hydrate Chloral, . . gr. x  
Potassæ Bromide, . . v  
Aquæ, . . . . . 3 ss

M.

Sig.—Every two hours until sleep was produced.

Also:

R. Quinia, gr. iij, every two hours, commencing in the morning, or after he had a few hours sleep, and as he had refused everything but milk, directed them to let him have it often.

Oct. 24.—Patient slept 4 hours after taking second dose of Chloral and Bromide. No material change in any respect. Continued treatment, directing that Chloral be given when he manifested a disposition to be violent.

Oct. 26.—Pulse, 120. Respirations, 23. Tongue very dry. No movement of bowels. Did not sleep much last night.

R. Quinia grs ij, once in 4 hours,  
Turpentine Emulsion 3i strength  
15 gtts to 3 between doses of Quinia till four doses have been given, then omit for 12 hours and give as before; to give

him beef essence and milk freely; treatment in other respects the same.

Oct. 27.—Tongue still dry. Pulse 132. Respirations 28. Passes his feces and urine in bed. Does not seem to know where he is or what he is doing. Gave Opium gr. j, every 3 hours till bowels were controlled. Only one dose was required. Commenced giving whisky 3 ss every 2 hours to begin at the same time as the Quinia when they came together. Chloral and Bromide to be given pro re nata. Treatment in other respects the same.

Oct. 28.—Sent for in the night. Patient had got out of bed and fought furiously when they tried to get him in bed again. Did not know me, but consented to go to bed again after I talked to him a few minutes. Was no sooner in bed, than he tried to get up again. Laid down again however, when I told him to, and after looking me straight in the face for at least three minutes, shut his eyes and went asleep. Slept for three hours, and seemed more rational when he awoke. Treatment continued.

Oct. 29.—Condition unchanged; treatment continued.

Oct. 30.—Pulse 112. Respirations 22. Tongue beginning to clear off a little. Has stopped working at the bed clothes. Has not been necessary to give any chloral, &c., in the last 12 hours. Patient not rational, the only improvement in that respect being that they are able to tell when he wishes to evacuate his bowels or bladder. Treatment continued. Quinia once in 6 hours. Whisky and nourishment as before.

Nov. 1.—Pulse 96. Respirations 20. Urine greater in quantity and more natural. Bowels moved once in the last 24 hours. Does everything he is told, and begins to inquire after his children and to know what is going on in the room.

Has not required any quieting medicine for the last two days. Has some appetite.

R. Quinia gr. ij every 6 hours,  
Spirits once in 4 hours, instead of two hours, and plenty of liquid food.

Nov. 3.—Patient still improving. Pulse 82. Respirations 19. Stools and urine nearly normal. Appetite good. Perfectly rational. Treatment continued.

Nov. 5.—Still gaining in every respect. Tongue entirely cleaned off.

R. Tinct Ferri chlor, . . . gtts xv  
Quinia, . . . . . grs iss  
M.

Sig.—3 times a day. All other medicines left off.

Patient discharged from further visits, and is at this date, Dec. 10th, well.

This closes my account of one of my most severe cases in the last 4 months.

Be the treatment and diagnosis correct or not, I have the satisfaction of knowing that the patient recovered, and the credit of curing him.

### CHANGE.

[A Paper read before the Kaw Valley Æsculapian Society.]

By T. G. HORN, M. D., Junction City, Kas.

It is with a pleasure too deep for utterance, a pride mingled with humility, too grand to express, that I come before you to-day. The organization of a Medical Association for the benefit of each other and the community at large, is an epoch in our history not to be lightly spoken of. The necessity of such an organization has been sadly felt in the past. But all things must have a beginning. We are informed by Sacred Writing that the earth, and the entire system of nature had a beginning. We are also assured that this bountiful world of ours is destined to come to an end. So with this life of ours, with which we, as medical men, have so much



to do. We see everything in nature undergoing a succession of changes. And, as "Professor Winchell" has so beautifully referred to these constantly taking place in nature, I think it would be well for us to watch these scientific changes, compare them with those *we* daily meet, and endeavor to profit thereby. Now, science is in possession of data, which have a strong bearing upon these doctrines. These changes are a progress *toward* something and a progress *from* something; and we are prepared to show that in tracing backward the series of geological changes transpiring before our eyes, we reach at last, a remote limit, a beginning anterior to which we have no means of knowing or ground for believing that any change was possible. Thus, the wasting of ocean beaches, the deposition of ocean sediments, the measured escape of heat from the earth, the increasing heat experienced in penetrating toward the earth's interior, the traces of ancient heat in many of the rocks. These all are indications of a long history whose beginning, so far as any one can judge, was a fiery vapor. We know nothing of any state of matter more remote than this. We are prepared to prove that the series of events transpiring before our eyes are tending *toward* something, and that something is an end—a finality toward which it tends. The series of changes in progress which will bring the existing terrestrial order to an end, and render it physically impossible that the human race should remain in existence upon the earth, are numerous. The land is wearing out, every hill and mountain is undergoing a slow disintegration under the influence of the elements. The ocean and rivers are

also eating up the land. The materials resulting from these incessant invasions are deposited in lakes and seas. Small lakes have been filled within a generation; larger ones within the memory of man. The delta of the Mississippi is moving into the Gulf, three hundred feet a year. The Green Mountains are sensibly lower than a generation back, and the Sierra Nevadas are visably sinking. Some of the highest summits of the Andes are two hundred and twenty feet lower than seventy years ago, when first measured by Humboldt. It is an established fact, gained by scientific research, that the world is cooling, as it has been cooling through all the geologic ages. We know of no cause to arrest its cooling. The crust, therefore, which now encloses a molten nucleus, is destined to grow thicker, until solidification approaches the earth's centre.

Who can affirm that insufferable rigors will not prevail upon the earth when frozen to the core. But there are other causes that will render the earth uninhabitable. The water resting upon the earth's surface percolates downward, until it reaches a heat that changes it to steam and sends it towards the surface. The internal fires hold all water belonging to the earth, within a few miles of the earth's surface. And yet there is no more water than we need. Suppose the solid crust was twice as thick; the rocks would demand twice the water to saturate them. Now, it has been demonstrated that when the earth is solidified to the center, the pores of the rocks will have a capacity sufficient to hold ten times the whole amount of water belonging to our globe. They will then drink up the oceans, consuming the atmosphere, and the world will be rendered uninhabitable.

Take the moon for example, it is now in this condition. The only cause of cooling to this condition the soonest, is because it is a body so much smaller than the earth. Therefore the moon presents to-day a picture of dessolation and death, which, in the natural course of events, will hereafter be exhibited by the earth. So, if I had the time, I might show you that the sun, in the same way must from the amount of heat it daily loses, inevitably grows cooler, unless some means exist for replenishment.

Science to-day is in possession of no facts which render it improbable that the sun is not actually cooling.

The sun is as certain as the earth or the moon to attain at length a state of total refrigeration.

But I am dwelling too long upon this theme, beautiful as it may be, and so very important to our noble profession. I must pass to some thoughts more closely allied to our present condition and wants, as a Society. Yet, the opinion has been long since entertained, and by some eminent philosophers expressed, that the theory founded upon nature, a theory that stands behind the scattering facts of medical knowledge, and conveys into one point of view the laws of organic life, would thus on many accounts, contribute to the interests of society. It would enable every one of literary acquirements to distinguish the genuine disciples of medicine from those of boastful effrontery or of simply a smooth pleasing address; and would teach mankind in some important situations the *knowledge of themselves*.

The animal machine is not governed by the laws of mechanics, nor by those of hydraulics, nor those of Chemistry, nor by a union of them all; but by laws, by forces, peculiar to vegetable and ani-

mal existences, called the laws of vitality, and which are more or less modified by the influences of the before named laws or powers, as we shall endeavor to explain. The mechanic laws are recognized and most aptly exemplified in the bony and muscular structures, in their aptitudes to the purposes for which they were designed, and in the amenabilities of the whole, both solids and fluids, to the powers of gravitation. The hydraulic laws are observable, to a limited extent, in the valvular structure, so common throughout the vascular and lymphatic system; and the influences of both must be admitted from the comfort and advantages of position, more especially the advantages of the recumbent position, during sleep, thereby giving a rest to the solids, while it facilitates the passage of the fluids through the whole body. As to chemical laws, we conceive them to play still a much more important part in vital machinery. Physiologists and chemists have long since concurred in the belief that the oxygen of the atmosphere, and the function of respiration had a decided agency in the production of animal heat; however widely they may have differed in their particular views as to the *modus operandi* in producing that effect. Professor Liebig, the great chemist of Germany, you remember, has entered into a careful investigation of every part of the human body, also every description of aliment, both fluid and solid, on which he lives, that he might discover all those elements in our food best suited to the elements necessary for the body.

We find his conclusions, as to the natural result of mental force and the common laws that govern the body to produce the same result as we have found existing in nature, viz: "Change."

He says that every motion, every manifestation of force, is the result of the transformation of the structure, or of its substance; every conception, every mental affection, is followed by changes in the chemical nature of the secreted fluids. Every thought, every sensation is accompanied by a change in the composition of the substance of the brain. Now, man, since his first introduction on this theatre, has ever been subjected to great and perpetual changes; every condition of his existence stamps its peculiar character on his physiognomy, and with it corresponding moral and mental manifestations; he is the subject of continuous change; he is modified by climate, by soil, by food; and even by the face of the country in which he lives. On these facts is based the usefulness of history, whether it be of law, medicine or divinity. The absolute truths of humanity, ever the same in proportion, as they become disengaged from the masses of error, with which they are by nature encumbered, are destined to flow on from generation to generation, from nation to nation, in one continued stream of light, in ceaseless and rapid augmentation to the end of time, or to the terminus of all human truths, the full unfolding of man to man; the complete development of the philosophy of humanity. This well traveled route of inquiry has been crowded with votaries for more than two thousand years, and though the labors of no one individual have been entirely crowned with success, the world is still much indebted to every one for his particular toils; for, while in the distance of time and the darkness of ignorance that overshadows the earth, any light was better than no light, and the many lights enabled the latest laborers to compound lights, and thereby ob-

tain a clearer and a brighter view than fell on the lot of any of his individual predecessors. To what particular position in this department of philosophy, this immense and complicated circuit of ideas, we may have reached, or may in the future attain to, will be for posterity to decide.

That the terminus has not yet been reached is certain from the fact that none has stood the test of time and of criticism; not one has carried convictions to the minds of all, however lauded, however popular, many for a season may have been. We ever have been, and still are in a state of progression, and progression itself implies a position short of maturity.

All absolute disembodied, disencumbered spiritualized truths, are pure elements of philosophy, from whatsoever source they may spring. Law, medicine, religion, fashions, are all subject of continued changes, because they partake of the changeableness of men, while the pure elements of truth which belong to them are the same to-day, yesterday and forever. Now, gentlemen of the profession, it is our duty as medical men to add something to this great volume of light that has been shed upon our pathway by our predecessors. We who stand before the public armed with proper authority to prosecute our daily labor should use every means in our power, and allow no opportunity to escape us, in adding something to what has already been handed down to us by our fathers, in this the most honored and highest of all other professions, that may prove to be a guiding star to those who follow us. This great volume of truth must be filled. Disease, the great fell destroyer of man, must by us be met, grappled with, and vanquished. To accomplish

this deep thought, constant study, earnest application is necessary. To aid us in becoming perfect masters of our noble profession, frequent consultations and exchange of opinions will materially aid us. This is one of the great objects of a medical society. And when we for a moment look about us and see the vast number of persons claiming the title of M. D., and thrusting themselves upon a trusting and confiding community, without the *least* knowledge of the anatomical structure of man, it is time for us to be up, wake out of this sleepy, careless indifference towards each other, and cling to our profession, protecting each other as brethren, and present a bold front in rescuing our friends from these wholesale murderers clothed in sheep's clothing.

How often have we, when struggling in the powerful embrace of some dreadful disease, had all our fond expectations cast to the four winds by some *kind* old woman with her nostrums, who knew of *some other body, just the same way, and this cured them right off, and I am certain if it don't do any good, it won't do any harm.* And with these eventful words sounding in the ear of a distracted mother like the story of some sweet angel sent by the Goddess of Disease to rescue her little darling, yields to the gilded advice, and the poison is administered, and the little one is soon in eternity. Then hear, "The miserable old murderer," again, "Well if I had only seen it sooner," or "If you had some other doctor, your hope, or husband or wife, as the case may be, would have surely got well." Gentlemen, there is too much of this; and too often we pass it by too lightly.

Courtesy to each other *demands* a great change in the line of duty.

Our profession is one that stands far above any other, and yet there is none so much meddled with as ours. The profession must be sustained, and to do so, we must sustain each other. Then let this be our motto in this Association: "We will protect each other," and in this way prove to the public that ours is a profession honored and loved by us, and of greatest importance to the community.

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## Correspondence.

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JUNCTION CITY, Dec. 11th, 1872.

*Editor Herald*—Some two weeks ago, a few of the medical men of this place and vicinity agreed to call a meeting of the fraternity for the purpose of organizing a Medical Association, and appointed the 10th day of December for that purpose. Accordingly quite a number came in, and at 10 A. M. the meeting was called to order by D. C. Jones, M. D., of this place, and a temporary organization formed by electing Drs. Max Kenedy, President; L. Harrill, Vice President; and T. G. Horn, Secretary.

A committee of three was appointed by the Chair on permanent organization, consisting of Max Kenedy, of Junction, L. Harrill, of Abilene, and L. Hall, of Junction.

The meeting then took a recess until 2 P. M., at which time the Committee reported the following gentlemen as officers for the ensuing year, viz.: L. Hall, President; H. S. Roberts, of Manhattan, First Vice President; L. Harrill, Second Vice President; Max Kenedy, Treasurer; T. G. Horn, Secretary, and M. Kenedy, Assistant Secretary.

The following resolution was offered by D. C. Jones:

*Resolved*, That this Society be known

as the "KAW VALLEY ÆSCULAPIAN SOCIETY."

A Board of Censors was appointed by the Chair, as follows: Drs. Jones, Kenedy and Seymour.

The following gentlemen were reported by the Board of Censors for admission and were elected members: Dr. Baldwin, of Wamego, Dr. Austin of Abilene, Dr. Hodge, of Abilene, Dr. Clark, of Manhattan, Dr. Dougherty, of Junction, Dr. Crowley, of Salina, Dr. Lodge, of Concordia, and Dr. Moore, of Parker-ville.

D. C. Jones was appointed a Committee on Publication.

Dr. Hall, on taking his seat as President, made a short, impressive and pointed address, which was well received.

Dr. Horn read a paper — subject, "Change."

A vote of thanks was given Dr. Horn for his contribution.

The following resolution, offered by Dr. Horn, was adopted unanimously:

*Resolved*, That we will do all in our power to support our State Medical Journal, both by subscription and by contribution.

The Constitution and By-Laws of the State Society were adopted, with such changes as were necessary for a District Society.

By motion of Dr. Jones it was determined to hold our meetings quarterly, on the 1st Tuesday of March, June, September and December, at Junction City.

The following committees were appointed to report at our next meeting, on the 4th day of March, 1873: L. H. Roberts, Practice; M. O. Baldwin, Surgery; W. H. Austin, Obstetrics; D. C. Jones, Uterine Diseases; Max Kenedy, Diseases of Children.

T. G. HORN, Sec'y.

## Bibliography.

*Ovarian Tumors: Their Pathology, Diagnosis and Treatment, especially by Ovariectomy.* By RANDOLPH PEASLEE, M. D., Professor of Gynecology in the Medical Department of Dartmouth College; Attending Surgeon of the New York State Woman's Hospital, &c., &c., with fifty-six illustrations on wood. New York, D. Appleton & Co., 1872.

This is the first and only systematic treatise upon Ovariectomy ever published, and it very aptly follows close upon the heels of the universal recognition of the operation by the professor, as both legitimate and justifiable.

The first part of the work includes the normal anatomy of the ovary, and the pathological anatomy, the pathology, diagnosis, and treatment of ovarian tumors, excepting by ovariectomy.

The second part is devoted to ovariectomy alone, including its history, statistics, practical details, and after-treatment.

In his statistical tables he has omitted to mention a successful operation by Dr. Tone O. Edwards, of Lancaster, Ohio, a detailed report of which was published in the MEDICAL HERALD for December, 1869.

Dr. Peaslee was an earnest advocate of the operation, and a frequent operator, when it was characterized as an act of butchery and murder.

His large experience, and ripe scholarship, eminently fitted him for the authorship of the work before us, and whatever may be its defects, it is a necessity to every surgeon who expects to treat this disease.

The publishers have presented the book in excellent style.

*The Microscope and Microscopic Technology. A Text Book for Physicians and Students.* By Dr. HEINRICH FREY, Professor of Medicine in Zurich, Switzerland. Translated from the Ger-

man, and edited by GEORGE R. CUTLER, M. D. New York. Illustrated by 343 engravings on wood, and containing the price lists of the principal microscope makers in Europe and America. From the fourth and last German edition. New York, Wm. Wood & Co., 1872.

The popularity of Dr. Frey's book in Germany, four large editions having been issued in a few years, was considered a sufficient warrant for its translation and publication in this country. The painstaking German is conspicuous in every page, and the minuteness of detail is the peculiar feature that commends it to the novice in microscopy.

The first part consists in a description of the mechanism of the instrument, and the use of its several parts. The second treats of the various methods of investigation at present in use, and the third part completes the directions for investigating the various tissues and parts of the body in a normal and pathological condition. We know of no book which will prove of greater value and assistance to those who desire to acquire the accurate vision necessary to a successful use of the microscope, than the work of Dr. Frey.

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*Fœticide, or Criminal Abortion.* By HUGH L. HODGE, M. D. Fourth Edition. Philadelphia, Lindsay & Blakiston, 1872.

This is a lecture introductory to the course on Obstetrics and Diseases of Women, delivered to the class in the University of Pennsylvania, in 1854, by Professor Hodge. It has had a very extended circulation, and the issue of a fourth large edition is an evidence of its appreciation by the profession. We could name a number within the bounds of this State, who should read it and profit by the instruction it contains.

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A CONVALESCENT Home, costing upwards of £12,000, has been opened at Saltburn-by-the-Sea.

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## The Medical Herald.

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LEAVENWORTH, KANSAS, JANUARY, 1873.

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### NEW YEAR'S EVE.

Christmas tide is over, and we are busy with the memories of its past anniversaries. Merry were they, most of them, sad some, but we scarce care to count them, for they are the number of the years of our life. What a queer spell this Christmas tide exercises upon us all. Unconsciously, we are spending over again all the Christmases of our life.

We are young and boisterous once more — full of happy hopefulness; thinking life one long holiday; the world a huge play ground; all men our sworn friends.

The faint scent of plum pudding assails us; we hear the click of glasses pledged to drink our health; songs long since forgotten fall upon our ears; silver tones, which we recognize so easily, mingle with such laughter as we have not made these many years.

Anon, the rustling of light dresses — coquettish whisperings, and we are kissing that little fair-haired maid, 'spite of pretty blush and stifled scream; what matters it, that those silver tones are treble now, or that lithe lass is a buxom matron utterly incapable of such levity? 'Tis a glorious transformation scene, and for the nonce we are young and merry as of yore. Our step is light, and buoyant; our wrinkles smoothed away, and the dust of years that has clogged and choked our hearts brushed off.

The present is swallowed up in the past, and we will revel in it.

But hark! Midnight is pealing forth into the crisp, frosty air from yonder steeple. Over the year's dial, whereof

the hours are months, which rests in shade and sunshine, and stretches into snows and sere leaves, the hand of time is swiftly, surely stealing.

It is the knell of a dying year!

In an instant the past has rolled away; phantasy has yielded to fact; and we feel that we have to do with the future—the year so close upon us. Like an old friend the year is passing away, and we never thought him so pleasant an one until now that we are about to lose him. All his happy hours are with us in regretful recollection. But he is well nigh spent, and we have to do with the new year now. How cheerless he seems to us by comparison; we know nothing of him, what he may be to us, what he may bring to us.

But as with monarchs, so with years; in the same breath that we announce one's death, must we greet gladly his successor.

"The *year* is dead, long live the year!"

Let us welcome him then, with the happy influence of that Christmas spell fresh upon us. Let us do so, somewhat more hopefully, more cheerily, than we did the birth of this one now dying. Let us steal from those sad, sweet Christmas memories, something of that boyish bravery and brightness, that innocent gaiety and generous good nature that makes our childhood happier than our manhood.

"It is not much that a man can save

On the sands of life, in the straits of time

Who swims in sight of the third great wave

That never a swimmer shall cross or climb;

Some waif washed up with the stays and spars,

That ebb-tide shows to the shores and stars,

Weed from the water, grass from a grave,

A broken blossom—a ruined rhyme."

Yet are there, to us of the faculty especially, memories to sanctify, embolden, encourage. In the dull routine of dry duties, the record of some fresh knowl-

edge gained, some new antidote to ill discovered, some pain relieved, some pleasure afforded, shall sweeten the monotony and make us proud of our profession.

The last stroke of twelve has sounded, and we feel that there is one year the less between us and our grave. 1873 is upon us, and we utter a hearty wish that it may be succeeded by many others in the lives of our readers; each bringing to them something less of sorrow, something more of joy.

**EXPERT TESTIMONY.**—At the last meeting of the American Medical Association, the following preamble and resolutions were offered by Dr. Henry Hartshorn, and unanimously adopted by the Association:

**WHEREAS**, In all capital criminal trials involving questions of medical jurisprudence, there is an obvious disadvantage in the testimony of scientific experts, being made to appear partial or antagonistic, by their being employed as witnesses upon one or the other side; therefore

*Resolved*, That it is the sense of this Association that in the important criminal cases requiring the evidence of medical or chemical experts, the cause of justice will be promoted by the appointment by the court, in every such case, of a commission of experts empowered to collect all purely scientific testimony bearing on the case and report upon it to the court by which the case is to be tried.

*Resolved*, That by the appointment of such scientific commission, the present system of summoning chemical and medical witnesses in criminal trials might be dispensed with to advantage.

*Resolved*, That the same recommendation applies also to cases of surgical or medical malpractice.

*Resolved*, That the State Associations be requested to bring this matter at an early date before their Legislatures.

With a view of presenting the subject to our State Legislature at its next ses-

sion, we submitted the resolutions to the Hon. Robert Crosier, late Chief Justice of Kansas, and obtained from him the following opinion:

The suggestion contained in the foregoing resolutions is impracticable for reasons which will be considered conclusive when mentioned.

Article VI of the amendments to the Constitution of the United States provides that "in all criminal prosecutions, the accused shall enjoy the right \* \* to be confronted with the witnesses against him; to have compulsory process for obtaining witnesses in his favor; and to have the assistance of counsel for his defense." This article having been authoritatively adjudged to apply to the federal courts alone, would embrace but a very small portion of the criminal trials for homicide, inasmuch as the jurisdiction of the federal courts in that behalf is limited to the high seas in the forts, arsenals, dockyards, and other places under the exclusive jurisdiction of the general government. It is safe to say, however, that the Constitution of every State of the Union contains a similar provision, applied to the State courts of each.

The Constitution of this State, section 10, of the bill of rights, provides that "in all prosecutions the accused shall be allowed to appear and defend in person, or by counsel, \* \* \* to meet the witnesses face to face, and to have compulsory process to compel the attendance of witnesses in his behalf," &c.

From these provisions it is very manifest that, neither in the federal courts, nor the courts of this State, could the suggestion of the resolutions be carried into effect without a violation of the fundamental law. Should Congress, or the Legislature, provide for the appointment of a commission, as recommended therein, and authorize their report to be read to the jury as evidence, the accused would be prevented from "meeting the witnesses face to face;" and if the attempt were made to prohibit him from summoning such experts as he might select, it would

be depriving him of "compulsory process to compel the attendance of witnesses in his behalf."

Notwithstanding the evil of admitting the testimony of medical quacks in the capital trials of the country is a crying one, and that many of the trials for homicide are a scandal to the administration of justice in an enlightened age, the remedy does not lie in the direction suggested.

As the remedy for the evils mentioned in the resolutions, and all others of the same class does not lie in legislation, we must resort to some other method of cure. They all result either from ignorance or dishonesty, two maladies that will ever continue to exist, and we do not expect much from remedial measures. In the one case something may be hoped for from a better system of education; in the other we shall probably be compelled to rely upon the doubtful manifestations of a "work of grace."

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NEW MEDICAL JOURNALS.—Dr. Brown Sequard and Dr. Seguin, in connection with several New York, Boston and Philadelphia Physicians and Surgeons will commence this month the publication of a monthly journal of about one hundred pages, the price of which will be \$4.00 per annum. From the exalted professional standing of the editors, we shall expect a journal of a high order of merit.

WE have received from Dr. Ely Van De Warker of Syracuse, N. Y., a prospectus of the Central New York *Medical Journal*. It will be the official organ of the Association of that name, will be issued monthly, and will contain about 32 pages of reading matter. If Dr. Van De Warker would induce the legislature of New York to extract the Dutch from his name, and thereby render it less jaw-



breaking in character, we would take more pleasure in pronouncing it "trippingly on the tongue."

AMERICAN PUBLIC HEALTH ASSOCIATION.—On the 12th of September last, at Long Branch, N. J., an association under the above title, was organized, and a constitution adopted. The objects of which, as stated in the constitution, are the "advancement of sanitary science and the promotion of organizations and means for the practical application of public hygiene."

The following is section three of the constitution :

The members shall be selected with special reference to their acknowledged interest in, or devotion to, sanitary studies, and allied sciences, and to the practical applications of the same. They shall be elected as follows :

Each candidate for membership shall first be proposed to the Executive Committee in writing (which may be done at any time,) with a statement of the business or profession, and special qualifications of the person so proposed : on recommendation of a majority of the committee, and on receiving a vote of two-thirds of the members present at a regular meeting, the candidate shall be declared duly elected a member of the association. The annual fee of membership shall be five dollars.

Stephen Smith, M. D., of New York, was elected President, and Elisha Harris, M. D., of New York, Secretary. After the appointment of special committees upon various subjects, the Association adjourned to meet in Washington City during the last week in February.

We are firm in the hope and belief that Sydenham's indefinite phrase, *the epidemic constitution*, will, through the labors of Sanitarians, soon give place to a more satisfactory exposition of the na-

ture of epidemics, and the means by which they may be controlled.

The best minds of the profession are now being devoted to the subject of preventive medicine, or rather to that of the prevention of disease, with the conviction that most of the diseases that afflict mankind are of its own creation, and may be prevented; and the most violent and destructive epidemics may be controlled and "stamped out."

The medical trophies that are to be won in the next half century must come chiefly from sanitary studies.

#### SURGEON GENERAL'S REPORT.

From the report of the Surgeon General, U. S. A., for the fiscal year ending June 30, 1872, we obtain the following items of interest:

The average mean strength of the army was 24,101 white, and 2,494 colored troops. The average number constantly on the sick report was 1,217, or fifty-one per one thousand of strength. The number of deaths from all causes was 54, of which 44 died of disease, and ten of wounds, accidents and injuries.

One thousand and twenty-two specimens were added to the already large museum.

The library now contains 19,000 volumes and 7,000 pamphlets.

The report closes with the following important statement :

My previous reports have called your attention to the large number of vacancies existing in the Medical Corps, and the injury to it, and the service, resulting from the prohibition of appointments and promotions. It would require many years to fill up the vacancies now existing, as the number of successful candidates rarely exceeds eight or ten in any one year. This is not the greatest evil, for many of the best of our medical offi-

cers, having the advantages of the large experience of the late war, disheartened by the faint prospect of advancement, are resigning, and numbers of the most desirable candidates, after waiting years for examination, have established themselves in civil practice. With the army at its present standard, distributed as it now is, there is a constant and absolute necessity for a Medical Corps of the full number established by the Act of Congress approved July 28, 1866.

### Selections.

**ABSORPTION OF THE HUMERUS AFTER FRACTURE.**—The Boston Medical and Surgical Journal of October 10, contains a report from the various gentlemen under whose observation the case has fallen, from which we make the following extracts:

In the autumn of 1819, Mr. C. B., of Boston, at the age of eighteen, fractured his right humerus near the middle. Subsequently, and before he had recovered entirely, he broke his arm, at the same point, a second time, while holding a plough in the field. A short time afterward, he slipped on the floor, from snow on his feet, and fractured the bone a third time. The last accident was not more than two months from the occurrence of the first. After this final fracture, there was never any tendency to a union of the broken bone, but the humerus began slowly and painlessly to disappear, small fragments of it breaking off, without accompanying inflammation of the soft parts, or any fistulous or suppurating sore, or orifice. The skin of the arm was never broken, and no piece of bone or part of the humerus was ever taken away, or came out unassisted. For four years Mr. B. did no work, but the process of absorption covered a period of twelve years, at the end of which time the limb had attained a condition in which it permanently remained until the day of his death, at the age of seventy years. This occurred at

the Boston Lunatic Hospital, on February 11, 1871, and was caused by double pneumonia. He had been an inmate of this Institution, at intervals, for four years and three months, but, except in mental condition, was, as he had always been, in excellent general health, with no local affection of his osseous system, except in the arm already alluded to, and capable of a very considerable amount of manual labor, which he willingly and readily performed.

\* \* \* \* \*

All trace of the humerus is obliterated, except its two extremities. The remains of the lower extremity consist of a small, somewhat irregular, pyramidal piece of bone and cartilage, one and one-half inch long, three-fourth inch wide at its base, its apex pointing upward and somewhat outward. This articulates in a very imperfect way with the radius and ulna, both of whose upper extremities are modified by absorption, and their shafts fused together for their upper third into one slender bone, tapering off in a small and imperfect olecranon. This ankylosis at the upper part of the fore-arm reduces the rotation of the radius on the ulna at the wrist to a very slight motion. The remains of the upper extremity of the humerus consist of a thin, auricular-shaped plate of bone, two inches long and one inch wide, in close relation with the glenoid cavity, but presenting no real articular surface. On the outer and upper edge of this piece are inserted the tendons of the supra and infra-spinatus and teres minor, defining this as the greater tuberosity. Just below this is another bony fragment, 1 inch long,  $\frac{1}{2}$  inch wide, slightly concave, into the anterior border of which is inserted the tendon of the pectoralis major. Into the inner and upper border is inserted the tendon of the teres major. The latissimus dorsi, which normally should be inserted with that of the teres major, is inserted, however, into the lower border of the teres major, midway between the origin and insertion. A strong, fibrous band connects it with this last mentioned fragment of bone. A

third piece, a small nodule, 4 lines long by 2 lines wide, is attached to this plate on its upper and internal aspect by a tendinous band; the tendon of the subscapularis muscle is inserted into this nodule, characterizing it thereby as the lesser tuberosity of the humerus. The articular surface of the glenoid cavity is obliterated; the bone itself only slightly if at all modified. \* \* \* \*

He could hoe, rake, shovel, sweep, cut wood, carry a large pail of water, hold a knife at the grindstone and write a good hand. (He used to write letters for other patients.) He took care of his own room and made his own bed. By twisting the upper part of his arm, he could use his fingers well enough to tie his neck-handkerchief. One of his amusements seems to have been to twist his arm once and a half around in one direction, and then, taking up a pail of water, to let it untwist and twist once and a half round in the other direction. He could not flex the fore-arm upon the upper arm at will, nor could he extend the fore-arm when flexed, unless in a position in which the weight of the arm would make it drop. The muscular power of the arm was very considerable.

**CASE OF DOUBLE UTERUS AND VAGINA.**—The case is one which, as it so happened, was not prejudicial to the patient, viz.: the existence of a double uterus and vagina. The patient came under treatment for jaundice, and died from hæmorrhage into the bowels. At *post mortem* examination, a cancerous tumor was found, destroying the neck of the gall bladder, and involving the surrounding structures. On continuing the examination, a tumor nearly the size of an ordinary apple, was found attached to the fundus of the uterus, and on that organ being partially detached, to permit of its more thorough examination, the vagina was found to be double. The whole was therefore removed, and submitted to a careful examination.

The patient was about 30 years of age, and was in the last days of menstruation, a small quantity of very light-colored discharge still staining the napkin.

The vagina was divided by a septum rather thicker than its ordinary wall, commencing about  $\frac{3}{4}$  of an inch above the hymen, which was perfectly complete, and inserted above, about midway between the two ora uteri. The canals were of nearly equal size, and were both lined with very perfect mucous membrane. At the upper end of each canal was an os uteri, the cul-du-sacs being hardly perceptible around the cervix. The uterus had the usual shape, with the exception that its anterior and posterior surfaces were more than usually convex. It was fully four inches in length, and its other dimensions proportionately increased. On laying open the cavities, they were found of nearly equal size, the right being, if anything, the larger. The left cavity was perfect, as far as the os internum, but beyond this it tapers to end in the left Fallopian tube. The right cavity was perfect, having the usual shape of the right half of the uterine cavity, and communicating freely with the right Fallopian tube. Neither cavity communicates with the Fallopian tube of the opposite side. The mucous membrane of the left cavity was covered with a grayish shreddy structure and opaque mucus, but the membrane itself was firmly adherent, and in no part absent. That of the right was quite unaltered. The left ovary contained a dark-colored granular clot, in which had evidently been a Graafian vesicle. Had impregnation ever taken place, this case would have been one of peculiar interest. A case of impregnation of both cavities of a double uterus is recorded in the *Lancet* of August 5, 1871.—*Amer. Jour. Obstetrics*.

THE Elizabeth (N. J.) *Journal* says that a certain undertaker there sent to one of the prominent physicians of that place a lot of death certificates with his card on them, as a complimentary present to the doctor. What the doctor sent to the undertaker as an acknowledgment of the compliment we have not heard.—*Medical Times*.

## Miscellany.

FOR the accommodation of our subscribers, we have established an agency for the supply of medical books. Upon the receipt of the publishers price, we will forward by mail, post-paid, any medical work published in this country. All remittances should be by draft, postoffice order or registered letter.

THE druggists of the Missouri Valley from Kansas City to Omaha, will hold a meeting in St. Joseph, the latter part of this month, and, if thought advisable, will organize a pharmaceutical association. All such organizations are not only a public good, but they also promote the best interests of every individual connected with them.

Henry C. Lea, of Philadelphia, has assumed the publication of the *American Chemist*. The subscription price remains the same, viz: \$5 per annum in advance.

THE museum of the Medical College of Ohio has just received a valuable acquisition in the shape of an artistically prepared skeleton of "Old Man Dead," the College resurrectionist for the past forty years. The skeleton is seated on a tombstone, with spade in hand, and pipe in mouth, in perfect self-complacency, apparently over a recent successful "job."

AFTER nineteen years of devoted service, Dr. Sharpey is about to give place as Secretary of the Royal Society to Professor Huxley.

THE publishers of *Scribner's Monthly* have engaged the services of Mr. Edward King, author of "*My Paris*," and of various graphic sketches in recent num-

bers of the magazine, to write a series of twelve papers, on the Life, Condition, and Resources of the Southern States of America. They will be brilliantly illustrated, and will be written with no other object than that of representing, by pen and pencil, one of the most interesting, fruitful and picturesque regions of our common country. While they will aim to convey reliable information on all the social, industrial and commercial topics suggested by a personal survey, they will be written in the graphic style, and with the quick insight into character and ready appropriation of incident, have already given to Mr. King the title of a "born Special Correspondent."

ECLECTIC MAGAZINE.—The January number of the *Eclectic* commences a new volume, and commences it in such a way as to challenge the attention of every intelligent reader to the claims of this sterling periodical. It is embellished with two steel engravings, one of them being a reproduction of Guido's beautiful and pathetic portrait of "Beatrice di Cenci." This is one of the finest pictures that ever appeared in an American magazine, and is only an exceptionally striking example of the excellent steel engravings with which the *Eclectic* is illustrated every month, and which add greatly to the value of its volumes. A fine portrait of Dr. Livingstone also accompanies this number.

MAKE MONEY FAST AND HONORABLY.—\$12.50 per day, \$75 per week, by at once applying for a territorial right (which are given free to agents), to sell the best, strongest, most useful and rapid selling Sewing Machine, and Patent Button Hole Worker, ever used or recommended by families, or buy one for your own use; it is only \$5. Sent free everywhere by express. Address for particulars, Jerome B. Hudson & Co., Greenwich and Cortland streets, New York.

# THE MEDICAL HERALD.

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No. 8

## Original Communications.

### COEXISTENT EXTRA AND INTRA-UTERINE FŒTATION.

By T. SINKS, M. D., Leavenworth, Kansas.

Mrs. S—, æt 23, multipara, about the first of August, 1870, began to experience discomfort in the abdomen when erect which was relieved by lying down. During the month her weight steadily decreased, and at the close thereof, the erect position could be maintained but a few minutes at a time. As the appetite remained good and all the organs performed their functions naturally and perfectly, no special importance was attached to the increasing malaise. On the 10th of September, while stepping from a carriage, she felt a queer sensation in the region of the stomach, as though something had given way.

About the 25th of September she discovered by digital examination, per vaginam, what she supposed to be a tumor in the pelvis, and at the same time began to suffer from constipation.

About the 10th of October she had an acute attack of pain in the abdomen and sent for a physician. An examination was made, but as nothing satisfactory was determined and the pain continued, a consultation was held the following day, and another examination made with the patient anæsthisied.

No conclusion was arrived at, but at a subsequent date, she was informed by her physician that she had cancer of the rectum and could not possibly recover,

He was then discharged and a quack employed, who promised to cure her in a short time, but failed to fulfil his promise.

In the meantime, her suffering being very great, she kept chloroform constantly on hand, and used it as freely as her husband and parents would permit.

On the 18th of December, 1870, I saw her, in connection with Dr. Levi Houston, of this city, and obtained the foregoing report. She was emaciated to an extreme degree, and her pulse was 120 per minute, small and feeble. At intervals of about five minutes she suffered with violent pains in the abdomen, lasting about one or two minutes. The abdomen was very prominent, considering her general emaciation. While the pain lasted there was very marked borborygmus, and the entire colon could be traced by the prominent ridge produced by its distension. When the pain would subside the ridge would disappear. Chloroform was administered and a digital examination of the vagina and rectum made.

The whole posterior portion of the vagina was crowded forward by a body one and one-half or two inches in diameter. The os uteri was beyond the reach of the finger. The canal of the rectum was so small and tortuous, and the parts so exquisitely sensitive, that a satisfactory examination could not then be made. A solution of morphia was ordered, and the patient directed to use it to the extent of relieving the pain. The husband was directed to carefully wash the dejecta

tions and preserve any solid substances that might be discovered. The next day he brought me an atlas or first cervical vertebra, almost entire, of a foetus about four months old, and some fragments of bone that could not be located. They were dark in color, and he supposed they were the stems of raisins, as the resemblance was to him quite striking and she had eaten some raisins a few days before. Subsequently, the entire right scapula, in three separate pieces, the upper third of the right humerus, the body of the vertebra dentata, parts of vertebræ and various fragments of bone were passed with the stools.

The morphia acted promptly and efficiently and she continued to use it thereafter as circumstances required. She steadily improved in health and strength, was comparatively comfortable, and quite hopeful of a favorable termination of her trouble, until the 7th day of January, 1871, when she gave birth to a foetus, *per vias naturales*, about six months old. I was not present when it was expelled. From this time she steadily declined, and died on the 19th of March.

At my second visit, and subsequently, I was able to trace very satisfactorily, through the vaginal wall, the spinal column and the ribs of the foetus. The breach was crowded down upon the perineum, and the lower extremities so impacted about the rectum that the finger could not be introduced into that canal to a greater distance than one inch, without producing more suffering than was considered warrantable.

My design was, to make an incision through the posterior vaginal wall, and remove the foetus piecemeal. As her health and strength were steadily improving, I waited for the "favorable moment," which never came, in consequence

of the unsuspected intra-uterine pregnancy and the unfortunate abortion.

I have since regretted that I did not early resort to operative procedure, even in her enfeebled condition, as the result could not have been any more disastrous, but, might, perhaps, have been more fortunate.

The extreme rarity of such affections, the difficulties experienced in early arriving at a correct diagnosis, and the small hope of accomplishing any good by surgical interference, invest them with a peculiar interest.

In this case, the complication produced by the intra-uterine conception, and the depressing effect of the abortion, materially interfered with what promised to be a favorable result.

The only other instance of an abdominal pregnancy that ever came under my notice was the case of a German woman in this city in 1864. The foetus had attained to an age of about five months, and a fistulous opening was established into the vagina just below the *os uteri*. The opening was enlarged by an incision and the skeleton removed at three sittings.

I merely assisted the attending physician, and am not acquainted with the previous history of the case. The woman recovered perfectly and is now well.

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## REVIEW OF PHARMACOPŒA OF 1870.

By R. J. BROWN, Leavenworth, Kansas.

More than two years has elapsed since the convention met in the City of Washington to revise, remodel and modernize the United States Pharmacopœia, and since then they have been actively engaged in compiling and preparing a suitable work that would embrace the advanced ideas in Pharmacy and medicine.

It is to be regretted that the Pharmacopœia must remain stationary for the next ten years, the rapid progress in the "healing art" rendering the revision of but little importance in two or three years. We believe the committee should have arranged for a supplement, to be issued every five years, containing only such changes and additions that are of importance. While it is the authority of the American Pharmacist, its teachings must be adhered to with fidelity.

The convention consisted of fifteen pharmacists and forty-two physicians. The committee selected to enter upon the work of revising it was composed of nine physicians and six pharmacists, giving the latter a fair proportion of the number.

By reference to the Pharmacopœia, which has just been issued, we find that the old system of Troy weights is adhered to, deeming it impracticable to introduce the metrical system, which is perhaps best, as we believe an immediate change would have many obstacles to contend with.

Twenty-seven substances have been added to the materia medica list; among them we find for the first time recognized as officinal, the old familiar names of carbolic acid, iodoform chloral, etc., etc., which have almost passed through the zenith of their glory. Five have been dismissed, oleum bubulum among the number.

Eighty-two preparations have been added, and seven dismissed. We think many of the preparations of some importance, and shall copy some that will probably be of interest to the medical profession. We find cantharides paper and mustard paper, as follows:

Charta cantharides.

Cantharides paper.

R. White wax, . . (Troy)  $\bar{3}$  iv.  
Spermaceti, . . . .  $\bar{3}$  is.  
Olive oil, . . . .  $\bar{3}$  iss.

Canada turpentine.

R. Cantharides, in powder,  $\bar{3}$  is.  
Water, . . . .  $\bar{3}$  v.

M.

Sig.—Mix all the substances in a tinned vessel, and boil gently for two hour, constantly stirring; filter through a woolen strainer without expressing, and keep the moisture in a liquid state by means of a shallow water bath, with an extended surface.

Coat strips of paper upon one side only with the melted plaster, by passing them successively over the surface of the liquid, and cut the strips when dry into rectangular pieces.

Charta Sinapis.

Mustard paper.

R. Black mustard in powder, gr. xc.

Sig.—Solution gutta-percha, a sufficient quantity. Mix the mustard with as much of the solution as may be necessary to give it a semi-liquid consistence, then apply the whole of the mixture, by means of a suitable brush to a piece of rather stiff paper four inches square, so as to completely cover one side of it and allow the surface to dry. Before applying let the mustard paper be dipped for about fifteen seconds in warm water.

The list of fluid extracts are largely increased, with special directions for their manufacture, which will enable pharmacists to prepare their own.

In this class of preparations the Pharmacopœia, 1860, has almost been abandoned. In a majority of them a menstrum containing one-fourth of glycerine is used. It is the experience of many

that it exhausts the drug better than any proportion of alcohol and water. We believe the fluid extracts of Buchu and cubebs could be successfully made with a menstrum of alcohol and glycerine. The present revision directs strong alcohol.

We are pleased with the Glycerites, a new addition to the preparations, and as some of them possesses considerable therapeutic value, besides being elegant combinations, which will recommend themselves to the profession, we copy the following:

Glycerite of tannic acid.

R. Tannic acid, . . . . . ʒ ii.  
Glycerine, . . . . . pt. is.

Rub them together in a mortar, and transfer to a glass or porcelain capsule, and heat gently until the acid is dissolved.

Glyceritum sodii boratis.

Glycerite of borate sodium.

R. Borate of sodium, . . . ʒ ii.  
Glycerine, . . . . . pt. iss.

Rub them in a mortar until the borate sodium is dissolved.

Solution of chloride of iron is added to the list. It is made similar to the tincture chloride of iron of Pharmacopœia of 1860, with the exception that the alcohol is not added. It is used for making the tincture chloride of iron of Pharmacopœia of 1870, by the addition of the required quantity of alcohol, so there is no difference in the proportion, and consequently we see no advantage by the addition of this new preparation.

Solution of Permanganate of Potassa is another new preparation that might have been left out. It dissolves easily in distilled water, and is quickly dispensed. Physicians generally prefer specifying the strength of the solution they wish, and

preparing it fresh on every occasion has its advantages. In the list of medicated waters, the committee have failed to make any improvement. There is no class of preparations that should have received more attention. They have adhered to the old plan of using carbonate of magnesia. The remarks of Prof. Maisch, (which has been verified by others) in regard to the precipitate of morphia from a solution of sulph. morp. in camphor water could not have been heard of by this committee. Medicated waters, made from the volatile oil by aid of magnesia, should not be used as a vehicle for the administering of salts of alkaloids.

#### TINCTURES.

Two additions and one only dropped from the list, tincture aconite leaves. The tinctures have been remodeled. From time immemorial the previous committees had a great affection for saffron. Every tincture in which it could be put you could always find it directed. It ranked so high in their estimation that it had to be chopped up and put into pills, (aloes and myrrh, for instance.) We venture to say that saffron tea must have been a favorite drink with the previous committees. What a relief it is to find that the lovers of saffron were not on this committee, as it has been dismissed from all the compound tinctures.

Of suppositories, nearly a dozen of kinds are added to the list. We are sorry for it, as we hoped the gentlemen comprising the assembled wisdom of the country, would have presented something more practical and satisfactory than the present plan. We have yet to hear of a pharmacist that is satisfied, and we hope the next committee on the revision of the Pharmacopœia, in 1880, will do better.

The list of pills remain about the



same. We find that *pilula saponis comp.* is retained. It is hard to tell why such a preparation should pass through the hands of the committee. A sample copy of the formula which is in the *Pharmacopœia* of 1850, 1860, and 1870, will show to every one how useless such a mass must be.

*Pilula saponis composita.*

Compound pill of soap.

R. Opium in fine powder, . gr. lx.

Soap in fine powder, . . ʒ iss.

Beat them together so as to form a pilular mass.

We do not see any advantage to be derived from such a combination, as physicians invariably prescribe the quantity of opium they wish, and in some eligible form. The London College directed soft soap to be used, but Americans could not stand it; they prefer castile.

The elixirs are completely ignored in this revision. The committee probably felt that they were too uncertain to last long. Two years and a half in revising this *Pharmacopœia* took all their spare time, and to give the elixirs the attention they deserve would consume a year or two longer. We do not think in these days of corruption that manufacturers in the beautiful city of Philadelphia used any influence in preventing them from publishing formulas for the elixirs. It is money to the manufacturers, and they will be pleased to find that their trade in "doubtful novelties of *Pharmacopœia* science" is not to be interfered with, but every chance given them to pursue their vocation with renewed vigor. We think a few formulas might have been introduced in order that the profession of the country might have an opportunity to use them if they saw proper.

Troches have been increased by the addition of tannic acid, morphine ipecac, chlorate potassa and santonin. The chlorate potassa troches are directed to be made containing five grains to each troche.

Ointments are improved, and we have an addition of four. Simple ointment is directed to be made by using yellow wax instead of white wax; Benzoin ointment by adding the tincture of lard, which has been the plan adopted by pharmacists for a long time.

Ointment of cantharides is a new preparation, with the following formula:

R. Cantharides cerate, . gr. cxx.

Resin cerate, . . gr. xxxvi.

Mix them thoroughly.

Ointment of oxide of zinc is now to be made with benzoin ointment instead of lard. Since the dismissal of neatsfoot oil, ointment of the nitrate of mercury is made by supplying its place with lard, which is better.

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## Special Selections.

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### THE NATURAL CURE OF DISEASE.\*

By Professor SAMUEL G. ARMOR, M. D., of the Long Island College Hospital.

It is an error very liable to beset the young practitioner, to try to meet every symptom by the addition of another drug to his formulæ. This is sure to lead to excessive medication. Let me guard you against becoming "shot-gun practitioners," on the principle that, if you fire a profusion of shot, it is extraordinary if some do not hit the mark! Quantity

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\*On account of its importance to the young practitioner, we republish, from the *New York Medical Journal*, the concluding portion of Professor Armor's admirable lecture.

and complexity of prescription are apt to be in proportion to the obscurity of the case. The strong and successful practitioner is usually a man of few remedies.

There are two rules of practice, just in this connection, that I would like to state with emphasis.

1. *Never administer a drug of any potency without a definite purpose—that is, without a clear indication—for drugs never occupy neutral ground.*

2. *Never use more medicine than is requisite to produce the effect which is intended, and continue it no longer than is absolutely necessary.*

These rules, faithfully adhered to, cannot fail to lessen the amount of drugs usually administered. It is a wise and true saying, that “it often happens to a *good* physician to find no indications for treatment; to *bad* ones, never.”

Now, in conclusion, let me urge you to estimate the value of *time* in the cure of disease. Time is often just the remedy we need: it is a great “alterative” for the better in a host of maladies. Watson said that “six weeks” was his cure for rheumatism. Let me add that it is a valuable remedy for more diseases than rheumatism. But how shall we get these “six weeks,” or “six days,” as the case may be? How shall we bridge them over, when we know, from the nature of the difficulty, that we cannot hasten the recovery, or make it more sure, by drugs? Nay, more, when our deliberate judgment, perhaps, is that the patient will be better off without drugs? Shall we frankly say to the sick one that he needs time and patience and good nursing rather than drugs? Just here the skill, tact, judgment, and good sense of the physician are sorely tested. I wish I could unqualifiedly answer the

question in the affirmative—for it would be honest to do so—but, with the popular notions of disease and cure, I cannot. Sick people, as a rule, want medicine of some kind; they will have it; and, if you do not do something for them, they will be apt to discharge you, and send for one who has more faith in drugs, and fare worse.

But, in reply to this, it may be said that the profession should be the educators of the public in such matters; that they should break down this popular resource of quackery. To this I most heartily assent, so far as can be done with safety to the patient. But can it be? This must be a matter of judgment in each individual case. You must diagnose your *patient* as well as the disease. If your family is intelligent, and, above all, if your patient has implicit confidence in you, you may be able to say to him: “You do not need any medicine to-day; when you need it I shall prescribe for you.”

To some minds the moral effect of such a speech would be good; to others quite the reverse. And the latter class are, I am inclined to think, altogether the more numerous.

Let us return, then, to the question, What shall we do in such cases? Sick people are anxious, restless, and often impatient. They study every look and word and suggestion of the physician. Shall we commence to educate such persons *in the sick chamber*? The experiment would certainly be hazardous in most cases. Say to a nervous and morbidly foreboding patient who looks to you for relief, “I shall not prescribe any *medicine* for you to-day,” and ten to one he will turn the matter over in his mind, after you leave, in this wise:

"Well, what does this mean? Am I sicker than I think? Is there something about the nature of the difficulty—something the doctor does not understand—and is he, therefore, undecided about the treatment? Or, what is worse, is the disease of such a nature that medicines will not reach it? Am I beyond recovery?"

I tell you, gentlemen, that man or woman, strong-minded as he or she may be, would sleep better with a *placebo* confidently administered. We must do something; the *moral effect* is good, and, through that, the physical condition is often absolutely improved. This, and this only, is our justification.

I am sorry to present you this weak side of nature; but it is true, and we may as well accept the facts.

My advice to you, then, is to study the art of administering *placebos*, when they alone are indicated; and, when you do so, by all means see to it that your medicine is not hard to take, and that the patient is never woken up out of a good, refreshing sleep to take it.

And always—let me once more insist as a sound rule of practice—*when you have doubts as to your knowledge of the case, or doubts as between Nature and drugs, resolve that doubt, for the time being in favor of Nature.* And, whether administering drugs or not, see that your patient is put on the best possible *hygiene*; that his room is airy and well lighted; that his drinks are suitable; that his food is adapted to his case; that he is bathed and sponged if too hot, and warmed if too cold; and, above all, that his mind and nervous system are kept as quiet as possible.

We should enforce a rigid hygiene in obedience to a most conservative and safe rule of practice, namely; *that it is*

*the duty of the physician to restore health by the simplest means in his power.*

In presenting you, gentlemen, at this our first meeting, some thoughts on the Natural Cure of Disease, I have not sought to make you medical sceptics, but medical philosophers. Trousseau, the great clinical teacher of France, has well said that "*to know the nature and cause of disease is more than half of medicine.*"

And let me add, from another standpoint of medicine, that *to know the natural course of disease is more than half of therapeutics.*

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## Correspondence.

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TONGANOXIE, KAN., Jan. 13, 1873.

*Editor Herald*—Having a leisure moment, I spend it in giving you a few items as to diseases most prevalent in this section during the last autumn. I shall also take the liberty of saying something in reference to some past articles in the JOURNAL. Some time in the past year, a physician of Topeka, in speaking of cerebro-spinal meningitis, gave as his favorite plan of treatment large doses of quinia, the results of this plan of treatment proving in his practice eminently satisfactory. I should have been better pleased had he given the exact amount of quinia which he considers "a large dose." I have found in my intercourse with the Kansas doctors, a very wide range as to what constitutes a dose of quinia, in fact running from one to ten grains. When I first came to the State, a Kaw bottom doctor told me he cured *every case* (and he reported the number he had treated as being very considerable) of cerebro-spinal meningitis by giving large doses of quinia. My judgment in his case was that he had probably never seen a case of the disease, but

had been treating remittent fevers, in which derangement of the nervous system was a prominent symptom. I am at a loss to see in the report of that *remarkable case*, where the position and practice of the reporting physician is more to be envied than that of the other gentlemen called doctors. I should like to know if there is any anatomical difference between a Swedish female and other women. The whole business seems to me to have been grossly mismanaged, or else there is a great lack of knowledge among the faculty of that part of the moral vinyard.

Returning to my own practice, I do not know as I can do better than to give you a table from my case books of cases, of which I made some record.

Table of cases treated from August 1 to December 1, 1872 :

Remittent fevers, . . . . .	98
Intermittent " . . . . .	98
Typho-malarial fevers, . . . . .	7
Hemoarania, . . . . .	8
Pneumonia & intermittent fevers, . . . . .	2
Pneumonia, . . . . .	4
Convulsions, . . . . .	13
Stomatitis, . . . . .	3
Tonsillitis, . . . . .	1
Tubercular meningitis, . . . . .	1
Colo-enteritis, . . . . .	2
Puerpural peritonitis, . . . . .	2
Erysipelas, . . . . .	1
Burn, . . . . .	1
Epistaxis, . . . . .	1
Enteralgia, . . . . .	1
Lead colic, . . . . .	1
Abortion, . . . . .	2
Acouchment, . . . . .	8
Hysteria, . . . . .	1
Insanity, . . . . .	1
Cystitis, . . . . .	2
Gonorrhœa, . . . . .	3
Rheumatism muscular, . . . . .	1
Dysentery, . . . . .	1
Hernia, . . . . .	1
Diarrhœa, . . . . .	1
Eczema, . . . . .	1

Tinea Capitas, . . . . .	1
Diphtheria, . . . . .	4
Penetrating wound of joint (knee), . . . . .	1
Epilepsy, . . . . .	1
Hepatic colic, . . . . .	2
Anasarca, . . . . .	1
Acute bronchitis, . . . . .	1
Total, . . . . .	282

Number of fatal cases, 6.

Causes as follows :

Typho-malarial fever, 1—old and feeble.

Convulsions, 1—boy six years old.

Tubercular meningitis, 1—child.

Colo-enteritis, 1—child sick some time before I saw it.

Puerpural peritonitis. 1 — moribund when seen first.

Diphtheria, 1—sick ten days before put under treatment.

In my treatment of all malarial fevers or diseases having malarial poisoning as a complication, my rule was to promptly put the patient fully under the influence of quinine by giving it in doses of from three to eight grains every two, three or four hours.

All the cases of Hemicrania were of malarial origin. The same may be said of the cases of convulsions, excepting two cases.

The case of lead colic was caused by drinking water from old lead wells in Southern Kansas. Treatment, full doses of opium by the mouth; also hypodermic injections of morphine until the pain and spasm were relieved. Then gave castor oil till bowels moved thoroughly. After treatment, iodide potassa, grs. v, three times a day. Treatment resulted in a cure.

The case of insanity recovered after a brief stay in the insane asylum.

During the past six weeks the amount of sickness in this section has been comparatively small. Two cases of cerebro-

spinal meningitis have occurred within a few miles of this village. One terminated fatally before they realized the danger. Consequently I did not see it till death had taken place. Age, 4 years; sex, male. The other, a brother, two years older, was in a helpless condition when I saw him. Trismus and opisthotonos existed in a marked degree; pupil of one eye dilated, of the other contracted; action of the heart tumultuous; bowels constipated and tympanic; urine very ammoniacal, both of which conditions passed away as soon as the bowels were well opened.

Treatment: Camphor, hyosciamus and ipecac, in full doses; blister to spine and nuchæ; mustard sinapism to feet, calves and ankles. Result, died in fifty-two hours.

Through mistake, a child four and a half months old, in this place, was given one teaspoonful of croton oil. As the child was very restless, its mother allowed it to nurse freely a few minutes after taking the oil. It soon commenced vomiting, and threw up something more than one-half pint of milk, smelling strongly of oil. Treatment: Kept the mouth and throat moist by giving moderately strong green tea; also citric acid in solution, as an antidote. The oil acted some four or five times as a cathartic. No other results followed, the child being as well as usual twenty-four hours after taking the oil.

J. H. VAN EMAN, M. D.

**DANGER OF MORPHINE INJECTIONS WITH CHLOROFORM INHALATIONS.**—A good deal has been written about the union of morphine injections with chloroform inhalations to produce prolonged insensibility to pain after important surgical operations. M. Demarquay concludes, from a short series of experiments, that it is a method liable to especial dangers, arising from lowering of the temperature.—*Med. Record*.

## Bibliography.

*The Pathology, Diagnosis and Treatment of Diseases of Women, including the Diagnosis of Pregnancy.* By GRAILY HEWITT M. D., Lond., F. R. C. P., Professor of Midwifery and Diseases of Women, University College, and Obstetric Physician to the Hospital, &c., &c. Second American, from the third London edition, revised and enlarged, with one hundred and thirty-two illustrations. Philadelphia: Lindsay & Blakiston, 1872. Price. \$5.00.

The effort on the part of our, so-called, higher civilization, to modify and improve upon the plans of the Creator, brings with it, necessarily, a large increase in damaged machinery, and calls for an increased number of skilled engineers to keep it in even tolerable running order.

As a consequence, the number of books on the diseases of women has wondrously multiplied in the last decade. Among them all, we know of none superior in merit to the one before us. Although it is presented as a new edition of a former work, it has been so thoroughly reconstructed that it may be said to be almost a new book. It now forms a complete and systematic treatise, admirable in arrangement, beautiful in appearance, and rich in the wisdom that comes from ample experience, mature thought and active industry. About twenty new illustrations have been added to those in the previous edition. The author has adopted what he is pleased to term the *Mechanical System of Uterine Pathology*, the exposition of which he gives as follows:

"Patients suffering from symptoms of uterine inflammation (or, more properly, from symptoms referable to the uterus,) are almost universally found to be affected with flexion or alterations in the shape of the uterus of an easily recognized character, but varying in degree."

"The change in the form and shape of the uterus is frequently brought about in consequence of the tissues of the

uterus being previously in a state of unusual softness, or what may be often correctly designated as chronic inflammation."

"The flexion once produced is not only liable to perpetuate itself, but continues to act incessantly as the cause of the chronic inflammation present."

The publishers have presented the book in excellent style.

*Clinical Lectures on Diseases Peculiar to Women.*

By LAMBE ATTHILL, M. D., University, Dublin. Second edition, revised and enlarged, with six lithographed plates and wood-cut illustrations. Philadelphia: Lindsay & Blakiston, 1873.

This little volume consists of fifteen clinical lectures, addressed to the class attending the Adelaide Hospital, by one who, for twenty years, has paid special attention to the subjects of which they treat.

A somewhat hasty perusal warrants the assertion that they will amply repay a more careful study, and that they contain much that will both interest and instruct.

It is from just such lectures that we derive that practical knowledge so essential in the daily routine of business.

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## The Medical Herald.

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LEAVENWORTH, KANSAS, FEBRUARY, 1873.

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### THE VIENNA EXPOSITION.

The Bureau of Education is entrusted with the preparation, for the Vienna Exposition, of the statistics of the progress of the medical profession in this country. It is desired that answers to the following questions be forwarded as soon as possible. We trust that the officers of the various hospitals and medical societies throughout the State will promptly furnish the desired information. Communications should be addressed as follows:

Exhibition Division,

Bureau of Education,

Department of the Interior,

Washington, D. C.

No stamp is required.

*Inquiries relating to Hospitals, and Curative Asylums and Institutes of the United States.*

Full name of hospital?

Its location?

When founded?

Is it incorporated?

Is it a private charity or enterprise?

How is it supported?

Has it any endowment?

If so, from whom and what source?

Is the building of brick, wood, or stone?

How many stories high?

Capacity of hospital?

Actual number of beds?

What classes of patients are received?

On what conditions admitted?

How managed. { by trustees?  
by commissioners?  
by med. faculty or ass'n?  
by religious order?

Aggregate number of patients treated annually?

Is it connected with any medical college or colleges?

Are any clinical instructions given in the institution?

Number and names of attending medical and surgical staff?

Number and names of resident medical officers?

Do medical students reside or serve in the institution?

If so, how many?

Does the hospital publish reports?

If so, in what form and at what intervals of time?

Please send printed copy of last report?

Any other information not embraced in the foregoing inquiries will be gladly received.

(Date.)

(Signature.)

*Inquiries relating to Medical Societies and Associations of the United States.*

Full name of association?

Locality and territory within which it operates?

When organized?

Where and how frequently does it meet?

Is it incorporated, or a voluntary association?

What are the qualifications for membership?

Is it a licensing body?

Number of active members?

Number of honorary and corresponding members?

Names of present officers. {

Does the association publish its transactions?

If so, in what form?

Does the society grant prizes?

Has the society a permanent place for meeting?

Does it own the building in which it meets.

Has it a library?

If so, what number of books?

If so, what number of pamphlets?

Please send a copy of last printed transactions?

Any other information not embraced in these inquiries that will explain the scope and function of your medical association will be thankfully received.

(Date.)

(Signature.)

## Selections.

IMPROVEMENT IN CATARACT OPERATIONS.—Dr. Henry W. Williams, of Boston, who has recently returned from an extended tour of Europe, and an attendance as first Vice President of the Ophthalmological Congress at London, gives (*Boston Medical and Surgical Journal*) the following description of the operation for cataract by the "median section," and his hearty endorsement of the method:

In doing this operation by the upward

section, the narrow knife is entered through the cornea, at its very margin, at the point of termination of its horizontal axis, and is passed on in the direction of the diameter of the cornea to make the counter puncture at the opposite point. The incision is then completed, not parallel to the iris as in the peripheral section, but in such a direction that the apex of the slightly curved flap is opposite the upper border of the moderately dilated pupil. From its situation, and its adaptation to the curved surfaces of the lens, this section is most favorable for the easy exit of the cataract, which does not crowd forward and contuse the iris as in Daniel's method, but escapes readily through the pupil and through the wound. No mutilation of the iris is necessary, and the loss of any portion of the vitreous humor is not likely to occur, whilst the form of the cut is best adapted for immediate healing.

There is little tendency to prolapse of the iris after this operation, and one of the great dangers of flap extraction is thus avoided, without the necessity for recourse to iridectomy. The scar of the incision soon becomes nearly imperceptible, and being beyond the field of the pupil at its ordinary dilatation it does not impede vision.

The importance of this innovation, already extensively adopted as a substitute for linear extraction, is my sufficient apology for bringing it thus soon to the notice of the profession in America, although I have as yet performed it only six times since my return home. But such a section of the cornea is not wholly a novelty with me. Having always been partial to extraction by some method not requiring iridectomy, I have, sometimes, in eyes where the cornea was large, made the incision terminate at some distance from the corneal border, and the excellent results in these cases would long since have induced me to adopt the "median section" as the best, had I not deferred to the opinions of various authorities who have insisted that wounds at the periphery of the cornea were most favorably situated for imme-

diate union. My own experience, therefore, is not wholly limited to the success of these recent operations, but has been such as to prepare and induce me to accept the facts in favor of the median incision which I lately had opportunity to observe on a large scale in Europe, and I can confidently urge a trial of this operation as offering large chances of favorable results.

**FEEDING BY THE RECTUM.**—With reference to the use of the pancreas of animals in the formation of nutrient enemata, a further communication on the subject, by Dr. Leube, appears in the *Centralblatt für Medizin, Wissenschaft*, (July 20). He says that the plan of obtaining the pancreas in the ordinary way from the butchers succeeds very well in the autumn and winter. In the warmth of summer, however, the gland very soon begins to undergo decomposition, and in consequence loses its digestive power, and becomes irritating to the intestine, producing rapid expulsion of the material injected. These mishaps may be easily avoided by making a glycerine extract of the pancreas. This extract is quite equal in digestive power to the fresh pancreas and will remain good for several weeks. Dr. Merkel, of Nuremberg, has made several trials of this monification, especially in a case of iodine poisoning; and the results have been equally favorable with those following the use of the pancreas itself. He describes the following as the best mode of making the pancreatic injection. The pancreas of a bullock (which is sufficient for three enemata) is finely chopped, and rubbed with 250 grammes of glycerine; and to each third of this, when about to be used, are added from 120 to 150 grammes of finely divided meat. This mass is digested in the bowel as completely as the meat and pancreas mixture already described. It is important that the mixture of pancreas and glycerine with meat should be injected into the rectum as soon as it is made; for, if it be allowed to stand, the meat swells up, and the injection is thereby rendered difficult.—*Med. Times*.

**SUPERFŒTATION A MYTH.**—The possibility of "superfœtation" has been questioned by modern physiologists, and the stories of such occurrences explained on other grounds.

Professor B. E. Schultze, of Jena, a prominent gynæcologist of Germany, in a lecture on twin gestation, remarks:—

"The most weighty physiological objection to superfœtation consists in the fact that during the existence of pregnancy the development of new ovuli in the ovaries ceases entirely. Not a single exception to this rule has ever been established by observation. The ovaries of females deceased during pregnancy, or after delivery, have been submitted to a careful observation; but all pathological anatomists agree that in all such cases the corpus luteum of the last pregnancy can easily be discovered, but no follicles which have ruptured at a later period."—*Medical and Surgical Reporter*.

**EPIDEMIC DELUSIONS.**—Dr. Carpenter, of London, in a recent lecture on epidemic delusions, remarked that "in certain merely physical conditions, mere bodily states, there is a tendency to the propagation, by what is commonly called imitation, of very strange actions of the nervous system." The following are among the illustrations given:

"In nunneries, it is not at all uncommon, from the secluded life, and the attention being fixed upon one subject, one particular set of ideas and feelings—the want of a healthy vent, so to speak, for the mental activity—that some particular odd propensity has developed itself. For instance, in one nunnery abroad, many years ago, one of the youngest nuns began to mew like a cat; and all the others, after a time, did the same. In another nunnery, one began to bite, and the others were all affected with the propensity to bite. In one of these instances the mania was spreading like wild-fire through Germany, extending



from one nunnery to another; and they were obliged to resort to some such severe measures as I have mentioned, to drive it out. It was set down in some instances to demoniacal possession, but the devil was very easily exorcised by some pretty strong threat on the part of the medical man. The celebrated physician Boerhave was called in to a case of that kind in an orphan asylum in Holland, and I think his remedy was a red-hot iron. He heated the poker in the fire, and said that the next girl who fell into one of these fits should be burnt in the arm; this was quite sufficient to stop it. In Scotland, at one time, there was a great tendency to breaking out into fits of this kind in the churches. This was particularly the case in Shetland; and a very wise minister there told them that the thing could not be permitted, and the next person who gave way in this manner—as he was quite sure they could control themselves if they pleased—should be taken out and ducked in a pond near. There was no necessity at all to put his threat into execution. Here, you see, the stronger motive is substituted for the weaker one, and the stronger motive is sufficient to induce the individual to put a check upon himself. I have said that it usually happens with the female sex, though sometimes it occurs with young men who have more or less of the same constitutional tendency. What is necessary is to induce a stronger motive, which will call forth the power of self-control which has been previously abandoned."

PROPHYLAXIS OF HYDROPHOBIA.—The *British Medical Journal* calls attention to the measures recommended by the Council of Hygiene of Bordeaux, for the better protection of people against the danger of hydrophobia. It is well known that the madness of dogs has a period which is premonitory and harmless. If these periods were generally known, the dogs could be put out of the way before they become dangerous. On this sub-

ject the Council of Hygiene has issued the following instructions:

"A short time, sometimes two days, after the madness has seized the dog, it creates symptoms in the animal which it is indispensable to recognize:

"1. There is agitation and restlessness, and the dog turns himself continually in his kennel. If he be at liberty, he goes and comes and seems to be seeking something, then he remains motionless as if waiting, then he starts, bites the air, as if he would catch a fly, and dashes himself howling and barking against the wall. The voice of his master dissipates these hallucinations, the dog obeys, but slowly, with hesitation, as if with regret.

"2. He does not try to bite, he is gentle, even affectionate, and he eats and drinks, but gnaws his litter, the end of curtains, the padding of cushions, the coverlids of beds, carpets, etc.

"3. By the movement of his paws about the sides of his open mouth, one might think he was trying to free his throat of a bone.

"4. His voice undergoes such a change that it is impossible not to be struck by it.

"5. The dog begins to fight with other dogs; this is a decidedly characteristic sign, if the dog be generally peaceful.

"The three symptoms last mentioned indicate an advanced period of the disease and that the dog may become dangerous at any moment, if immediate measures are not taken. It is best to chain him up at once, or, better still, to kill him."

It is desirable that this advice be inserted at least once a year in the public papers. It would also seem particularly desirable and practicable that these rules should be printed on the back of the notices and receipts for dog taxes. These excellent measures ought to become generally adopted.—*Boston Med. and Surg. Journal*.

## Miscellany.

FOR the accomodation of our subscribers, we have established an agency for the supply of medical books. Upon the receipt of the publisher's price, we will forward by mail, post-paid, any medical work published in this country. All remittances should be by draft, post-office order or registered letter.

IN the city of Boston there were two hundred and fourteen deaths from small-pox from the 23d of November to the 21st of December. More recent reports show a largely increased mortality.

WE have received the first number of the "Archives of Scientific and Practical Medicine," edited by C. E. Brown, Séguard, and E. C. Sequin, of New York, and published by J. B. Lippincott & Co. The title is somewhat cumbrous, but the contents are varied, interesting, and of a high order of merit. We cordially welcome it among our exchanges, and commend it to the consideration of our readers.

POPULATION OF THE GLOBE.—There are on the globe 1,288,000,000 souls, of which 360,000,000 are Caucasians; 522,000,000 are Mongolians; 190,000,000 are Ethiopians; 176,000,000 are Malaysians; 1,000,000 are Indo-Americans. There are 8,642 languages spoken, and 1,000 religions. The yearly mortality of the globe is 42,043,000 persons. This is at the rate of 145,200 per day, 4,800 per hour, 80 per minute. Among 10,000 persons, one arrives at the age of 100; one in 500 attains the age of 80; one in 100 to the age of 70. In 100 persons, 95 marry.—*Clinic*.

SEVERAL years ago a late Professor of the New York Medical College often visited old Dr. Mott, and at one of these occasions, he saw the medical pocket-case, with small bottles, of the visitor, gotten up for any medical emergencies in the night. He exclaimed:

"Oh, doctor! I hope you have not turned homœopath?"

"Not at all, Dr. Mott; these are the regular allopathic remedies."

"That is right; it would grieve me to see you fall so low; but why these homœopathic bottles?"

"In order to have a druggist's shop in a small compass, and not be obliged to send to a druggist when called out at night."

"Well, that is right; but let me see your selection." Then a critical examination of every bottle took place, and the choice approved as very judicious, till the last bottle was reached, without label, containing white pills, when Dr. Mott said:

"And what is there in this bottle?"

"I have to confess to you, Dr. Mott, that these are plain sugar pills."

"Those are the best pills you have in your whole box," was the remark of the great surgeon.—*Medical Record*.

THE *Kansas Magazine* improves with each successive number. In the February number, the article entitled "The Massacre of Cawnpore" is deserving of special mention. Under the fructifying influence of the genius of the new editor, this Kansas plant promises to become as rich, and broad, and beautiful as her far famed prairies.

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## Original Communications.

### SUCCESSFUL TREATMENT OF SMALL-POX.

By J. P. Root, M. D., Santiago, Chili.

This city has recently been the theatre of a most malignant epidemic of small-pox. The contagion was of so severe a character that even the previous protection of vaccination was not entirely respected. As, for example, three of my children and myself were victims of the disease, though, thanks to early and active treatment, we were not long sick, and none of us marked at all. I had been previously successfully vaccinated at three different times, as well as several times without any result; the first successful time when I was a child; once ten years ago, and the last time about two months before I was taken sick. In fact, the "scab" on my arm had but just fallen off previous to my being attacked, and apparently it had "taken well," as for several days I felt quite unpleasantly the constitutional effects of the vaccination, having had more or less fever, with other symptoms incident to vaccination when operating favorably.

This epidemic, among other things, has convinced me of the great importance of *forced* vaccination, where parties purposely or carelessly neglect or refuse to be vaccinated. The vaccine *virus* should be taken from the cow or calf. The too frequent practice of taking *virus* from the arms of persons, young

or old, which may have passed through scores of individuals, and have been not only reduced in strength but have become contaminated with dangerous diseases, cannot be too strongly condemned. It is true that vaccination is not always a certain protection against small-pox; neither is it certain that a person who has had small-pox may not have it again. Many such cases have occurred. In one of the hospitals here, a woman died from the disease who had been very sick with the same at three different times previously. Also, as in my own case, persons who have been successfully vaccinated may have the disease, and also in a grave form. Such cases, however, are very rare, and must be recorded as among those eccentricities or idiosyncrasies impossible to provide for or satisfactorily explain. But it is a pretty well demonstrated fact, that proper vaccination is an effectual protection against small-pox itself. Though having had more or less to do with small-pox during my professional life, I had never previously received into my system quite so powerful doses of the poison of the disease. I had been for some time visiting the "Lazeretos," (small-pox hospitals,) wherein were more than a thousand small-pox patients, in all stages of the disease; and many of these places, when first visited and previous to my suggested improvements, were in a most horrid and pestilential condition.

Perhaps I may be pardoned for alluding to myself, inasmuch as I can better

thus give some of my ideas. I was attacked very violently with symptoms of the gravest nature, being those of the "confluent," "hemorrhagic," "scarlatinous," and "erysipelatous" character. And when it is known that I realized from personal knowledge that not a case, with these symptoms, had thus far recovered, and that more than fifty per cent. of the average cases attacked, even under the care of the best physicians here, had died, some idea may be formed of my sensations. Feeling the soreness of the throat increasing; counting the pulse as it gradually rose from its natural beat to ninety, one hundred, one hundred and ten, one hundred and twenty, one hundred and thirty, one hundred and forty, and more; with drops of blood oozing from the mucous surfaces and hemorrhagic spots appearing here and there on the surface of the body; with the skin, especially of the face and head, becoming more and more tumefied; with erysipelatous engorgement every hour; with intense febrile excitement steadily increasing, and being certain that speedily the brain would refuse its normal work and hopeless delirium ensue. It was under such circumstances, not feeling like trusting myself in the hands of any physician of my acquaintance, that, in running over my past medical experience, I remembered that, in cases of erysipelas, I had used, with marked beneficial effect, the *muriated tincture of iron*, that I decided to try its effects. I accordingly commenced with thirty drops of this medicine in a little water, and immediately thereafter felt decided relief, pulse falling rapidly, and fabrile symptoms subsiding. I therefore continued its use, alternating the same with teaspoonful doses of prepared chalk, my theory being that the

poison of the disease could be destroyed in the system by the use of disinfectants, and that the action of the chlorine from the hydrochloric acid of the muriated tincture of iron, in connection with the chalk, would produce chloride of lime, a powerful disinfectant. I also bathed often in a strong solution of carbolic acid and water, another active disinfectant, alternating with a chalk mixture; the chalk being not only antacid but more or less antiseptic; both baths applied *very hot* and with a sponge to the *entire surface of the body*. From these experiments and others, together with my previous observation in this disease, I have been able to recommend the following as a safe, certain, and not unpleasant cure *for all cases of small-pox, when treated early*, no matter how malignant the form may be, and while under all other kinds of treatment more than fifty per cent. of those attacked here have died, not one has failed to recover perfect health, and that most speedily, of the hundreds who have either directly or indirectly been under my care during this frightful epidemic. It may not be improper for me to state that while confined to my room I "doctored" by "proxy" a large number of poor *apetados* (small-pox patients), sending them from my house advice and medicine, and for many weeks the same was done for persons in remote parts of the city, where it was impossible for me to go.

At the present time there are only a few cases in the "Lazeretos," and the epidemic has ceased to be generally remarked, while at one time the daily report indicated more than twelve hundred in the "Lazeretos," and an equally large number in private houses in various parts of the city. Between six and ten thousand deaths have occurred,

though the actual number cannot be known.

#### TREATMENT OF SMALL-POX,

No matter at what stage of the disease the patient is first seen, if the bowels have not moved recently, give an enema of three tablespoonsful of castor oil and three teaspoonsful of turpentine, with more or less warm water sufficient for a full enema, and one teaspoonful of prepared chalk, with an equal amount of common salt. Also give from five to fifty drops of the *muriated tincture of iron* in water, repeating the dose every four, six, or eight hours, as the case may be. Half-way between the doses of iron, give prepared chalk in doses of from one-third to two teaspoonsful, in water, or any other convenient way. It is easily given in milk for children. These doses are for adults, and can be proportionately given to children. I have frequently given, as a medium treatment, twenty drops of the *muriated tincture of iron*, every four hours, for from one to three days, before lessening the dose or the frequency of its administration, giving a teaspoonful of the prepared chalk mid-way between the doses of the *muriated tincture of iron*.

In cases where the fever is very high and other symptoms correspond, and where the patient has been sick for some days before treatment is commenced, it is highly proper to start with larger doses, as it is important to get the system, as speedily as possible, under the influence of medical remedies. The condition of the bowels can often be entirely regulated by increasing or diminishing either the *muriated tincture of iron* or chalk, the action of one upon the other often producing an aperient effect. That is, increasing the acid for a laxative, and increasing the alkali for the

opposite purpose. It may, however, sometimes be necessary to administer a mild purgative, or repeat the enema; severe purging, though, should be avoided.

When there is pain or inflammation of the throat, as is generally the case in the graver forms of the disease, the surface of the skin immediately over the parts should be painted frequently with *tincture of iodine*, and a gargle of *chlorate of potash* used freely. Carbolic acid and other gargles I have also used with good effects. In case of much debility, the early use of quinine is of much service. The diet should be very supporting from the first, though oils and fats should be excluded.

But one of the most important remedies is the frequent bathing of the entire surface of the body of the patient, sponge baths being generally preferable. In severe cases a bath should be used, as hot as the patient can bear, of a strong solution of carbolic acid and water, every four hours, alternating with a bath of a chalk mixture or some other alkali, also applied as *warm as possible*. I have sometimes used the two combined with good effect; that is, the chalk mixture and carbolic acid solution.

In cases of young children, especially, should the carbolic acid be well dissolved and not too strong, as I knew a nearly fatal result to transpire by an anxious mother carelessly bathing her little three-year-old girl with a mixture nearly one-fifth carbolic acid; though by an immediate alkaline bath being used, the child survived with only the loss of a few patches of "scarf skin" in different parts of the body. All baths should be applied with much care, only a small portion of the body being exposed at one time and immediately covered after

bathing, so that no chilly sensation may follow. As the symptoms modify, the bathing may be reduced in strength and frequency.

In nine cases out of ten, when this treatment is instituted *early*, there will be *no eruption* at all, or next to none. The disinfectants, used internally and externally, will have destroyed the poison of the disease, so that there will be nothing left but to recuperate the strength, which has been but little reduced, and the patient will be *entirely well*, very often in less than a week, *even though of the gravest character*. This I have known to transpire in a great number of cases most violently attacked with all the grave symptoms of the disease.

It is important for patients in this, as in all other exanthematous diseases, to take great care of their persons for weeks and even months after their strength is restored, to prevent the often unpleasant *sequela* which may transpire from any overt act of imprudence—by taking cold—in eating or drinking, or otherwise. It is very well, after the cessation of the remedies above alluded to, to give small doses of *iodide of potassium* for a short time.

In this disease, an examination has invariably shown an excess of acid in all the secretions of the body; not only in this, but in those cases which, by neglect or bad treatment, have been allowed to go on to the stage of pustular suppuration, the *pus* has invariably been found largely acidulated. Even the air in a room used for years as a small-pox ward has become so acid that I have had *litmus* paper turn red in my hands while visiting the same.

The frequent practice of administering alcoholic stimulants, in this as in many

other diseases, cannot be too strongly denounced; and when from any cause they are indicated, they should be as much as possible of a *non-acid* character, but with the above plan, not one case in a thousand will ever need any such stimulation.

Too much importance cannot be given to the constant use of *disinfectants* in and near the room occupied, also to the other surroundings of the patient, and to the absolute necessity of having at all times, both night and day, *fresh, pure air* in the room, for which purpose it is important to have a large, well ventilated room, with doors and windows open, and artificial heat to preserve an agreeable temperature, and to assist ventilation. The bed, however, should be so placed as to avoid too strong currents of air striking directly upon the patient.

It is also of the greatest consequence that a *full supply of sunlight* should be allowed in the room. The direct rays of the sun are powerful disinfectants, and if from any cause the eyes should feel the influence thereof too unpleasantly, it is better to change the location of the bed, or in some other way throw a shade over them, rather than to lose the benefit of God's all-healing sunlight.

With a fire in the room, it is not necessary to almost hermetically close the room at night, as is often done.

It is important also that the shirts and sheets should be changed every day, and the contagion from all evacuations, workings, &c., destroyed immediately by powerful disinfectants, to prevent the spread of the disease.

Since my experience with the plan of treatment above partially described, I may be excused for feeling that this heretofore so justly dreaded disease has become of easy control. In fact, I con-

sider what I have suggested as a perfect specific when properly applied; at least, as much so as it is correct ever to use the term specific for any disease. Other remedies, with similar tendencies, may be used perhaps with equally good results. I have frequently administered carbolic acid and other remedies with good effect. But the main idea with me is to destroy the poison of the disease, and the usual temporizing or antiphlogistic remedies, given for no purpose, or to combat simply the fever, are worse than useless. No *debilitants* should ever be given. Constantly support the patient while you kill the vicious enemy, and when the poisonous intruder is destroyed, the patient is nearly well, unless in killing the disease no regard has been paid to the life of the suffering invalid.

The same general plan of treatment I have used with equal success in scarlatina, and I believe, when the ideas on which I have based my treatment of small-pox shall be still further developed, it will be found that a large class of the diseases now so troublesome may be cured in a similar manner. The great aim being to kill the poison of the disease, inside as well as out of the patient, without destroying the patient, as is too often done, it will be seen from the above that no *debilitating* remedies are used. As has been said before, *destroy the poison of the disease, and at the same time support the strength of the patient.*

I believe similar results may be obtained in all diseases dependent upon a contagious or infectious poison. Who will tell us the most efficacious remedies for this purpose to be used in each and every case?

It may be asked why so many have died here of small-pox, since it is so easy to cure this disease. The answer

does not do credit to the profession. My experience and observation here and elsewhere have taught me that though the spots on the leopard may be painted over, and the skin of the Ethiopian may be whitewashed, the practice of an *old routine doctor* cannot be changed. He is sure that what he learned when a student is "all right," and no innovation shall distrust him. It is much better for his patients to die under his scientific care than to run any risks under those new-fangled notions. He is positive that medical wisdom will receive a terrible shock when he stops breathing. Fortunately, however, there are many bright exceptions to this rule, and from these the future has much to hope.

The ancient physicians have told us that a mighty something they termed "*Phlogiston*," by some process obtained possession of the body, and that through its influence, more or less, all diseases produce their dire effects upon unfortunate mortals; therefore, the great thing to be done was to fight this fell destroyer with agents termed "*antiphlogistics*," and it has taken several centuries to demonstrate the fact that many of their *antiphlogistics*, in subduing their all-powerful enemy, expended most of their powers in destroying the life of the poor patient. It is for this reason that *blood-letting*, for years the prime leader of the *antiphlogistic* army, has, after slaying his millions of human beings, been turned aside as unfit for the company of the present enlightened age, and is now only referred to by all truly scientific physicians as a thing of the past. And one by one the whole army will soon follow the fate of their grim and gory chieftain. After the crimson ocean of blood shed by the sanguinary lancet shall have entirely ceased to be seen, the foaming sea of putrid

saliva from the no less hostile *mercury* will immediately dry up, and kindred champions whose powers have been murderously employed against the phantasm *Phlogiston*, will be known no more among the living, but will have passed into the ghostly Past, fit companions of the skeletons of their millions of hapless victims. Oh, when will Science be able to break through the black veils that have so long obscured the bright sunlight of Nature's law? When will truth, unmingled with error, bigotry, fanaticism, cant, rant, etc., be able to show its full-orbed and radiant glory, dispelling like the mists of a summer's morning the horrid ghostly gnomes, ghosts, spectres, creeds, dogmas and isms, that now bind the souls of mortals in chains of darkness and despair? But I forbear.

## Correspondence.

SABETHA, KAN., Jan. 28, 1873.

*Ed. Herald*—The present month has been a trying one upon *Æsculapians*, partly in consequence of excessive cold weather, but chiefly owing to an unusual increase of professional duties.

The number of pulmonary and catarrhal affections exceed those of last January by about 200 per cent., not estimating the difference on account of increased population during the year.

That fou(w)l disease, chicken-pox, made its appearance about the first of December, and within the short space of three weeks, about fifteen per cent. of the population, from urchin to adolescence, pustulated.

By enjoining quietude, avoiding all exposure to cold, and adopting a mild antiphlogistic *regimen*, generally it created but a small-sized commotion, save

to decrease the attendance at our public schools.

Before the children had quit "counting off spots," we had another distinguished visitor—old Major Exanthemata, or rather a relative—Rubeola. Another raid was made upon the schools, and rubicund youth who hopefully survived the first eruptive skirmish, and others so fortunate as to escape all figure of efflorescence, were one by one—yes, sixes by half-dozens—tucked away in trundlebeds all over the place.

"The war is over now,"

and after a clearing up of smoke, we find that twenty-five per cent., old and young, of the town population have been emancipated to that state of mortal felicity which knows no more measles. Five per cent. of those attacked were in adult life.

The spread throughout the surrounding townships was not great, but the proportion of cases was far above the average of the usual visitations of that scourge. One case only proved fatal, that of a lady aged 35. Died from cerebral congestion, after desquamation had well progressed. No *sequela* manifest as yet.

The treatment I employed was usually a mild saline (soda et. pot. tart.) or laxative of Hyd. Chlo. Mit., with Rhei or Leptandrin. *If not called before three days, there was much febrile action.*

Used Liq. Amm. Acet., or Spts. Eth. Nit., used together, separately, or alternately; Doveri Pulvis, Vini. Antim., or Syr. Ipecac, to alleviate cough; Tinct. Verat. Vir., if the febrile paroxysm was much exalted; maintain an uninterrupted action of Kidneys, and move bowels gently as soon as the constipation should or does begin to disappear.

The number of child-births exceed in number those of any two months during



the past year. Had one case of impacted head, and one hour-glass contraction. No uterine excitor used in either case.

By way of memorandum, let me speak a good word in behalf of the much abused and sadly misused Ergot. Whenever I have needed an *active* parturifacient, for several years, I have always relied upon the mutter-korn. My most sanguine expectations have always been realized, and never have had reason to regret its use. Trusting much to the reports made against it, I have been perhaps judicious to a nicety, and I confess it to be one of my most trustworthy agents. I am careful in purchasing, pulverize the grain myself, and never attend a "camp-meeting" (where souls are made), without a good supply of freshly pulverized substance. I make my own infusions of from one to two drachms to four to six drachms water and never use it in any other way. Never used over two and a half drachms at one time.

A few simple fractures this month among teamsters, and from slipping on ice, are necessary to harmonize statistics.

Toward the close of the month Amenorrhœa modestly claims attention, owing probably, in chief, to the excessive cold weather in December, and the extreme changes of temperature during that month and November preceding.

A case of "softening of the brain" (?) in this place is rapidly yielding to treatment *for catarrh*, under the care of my esteemed colleague, Dr. Geo. E. Irwin. His predecessor thought a change of advisers a dangerous step, but Irwin adopted a nasal douche, waived the "softening symptoms," and is clearing up somebody's "thoughts" at a rapid gait. Just how No. 1 expected to harden that brain up for future use, the deponent saith not. We think he has the

*firstclassquackuflatulentus modificatiæ*—very bad, chronic.

I look for a much greater proportion of bilious disorders and complications here the coming month over the same season in 1872.

Very respectfully yours,

S. W. BROOKE, M. D.

ELLSWORTH, KAN., Feb. 8, 1873.

*Editor Herald*—As several persons have died from being bitten by skunks, and thinking a short history of the occurrences would prove of interest to your readers, I herewith send you the details as far as possible.

Only one case came under my personal observation, but I have the particulars of the others from eye-witnesses who are perfectly reliable.

The first occurrence of the kind that I can learn of happened near eighteen months ago, in an adjoining county. A son of Mr. B—— was sleeping in his father's cattle camp, and was attacked by a skunk and bitten in the nose. Awakening suddenly, he threw the animal from him. The skunk alighting near another man, whose name I do not recollect, bit him also. The wounds healed, and nothing was thought of the affair. In a few days, within two weeks I think, the young man showed signs of illness. A physician was called, who, I am told, pronounced the disease to be diphtheria. After a short illness, the son died. The father happening to speak of his son's death to a gentleman of this place well informed in the symptoms of diseases generally, was told by him that the symptoms pointed to hydrophobia. The father then detailed the circumstances of his son's being bitten as I have narrated above, and on inquiry it was discovered that the other person had also died, ex-

hibiting the same symptoms, though not manifesting them for about six months afterward.

The next case happened last June, if I remember rightly. Mr. F——, living in the eastern part of this county, called on Surgeon Brewer, at that time stationed at Fort Harker, and wished to know what the premonitory symptoms of hydrophobia were, at the same time informing him that he had been bitten by a skunk some days previous. He had been bitten through the nose, the teeth of the animal meeting through the nasal septum. Being very nervous and excited, the surgeon tried to calm him, and told him to call again. In a few days he was taken sick, had spasm of the glottis, convulsions, &c., in fact all the usual symptoms of hydrophobia. He was extremely sensitive to noises and the sight of liquids; so much so that the drawing of water from the well had to be discontinued, the well being near the room in which he was lying. This case also terminated fatally.

The next case that I can hear of was a Mr. K——, in Russell, an adjoining county. He was also asleep on the ground, and was bitten through the left thumb. The animal had to be killed before the thumb could be extricated, and singularly the animal emitted no odor whatever. In a few days he was taken to the town of Russell, where the usual symptoms of hydrophobia supervened, the patient dying within three days.

Again a young man herding cattle for a Mr. Shafer, was bitten in the forehead above the left eye. Feeling unwell after several days, he was brought to this place (Ellsworth). I saw the patient in consultation with Dr. Duck, about two o'clock in the afternoon. At that time he was having severe convulsions, diffi-

culty of deglutition, ejecting a frothy mucus forcibly from his mouth, twitching of the tendons, &c. The paroxysms were almost continuous, and near morning of the next day he died.

I have heard of several other cases, have been unable to gather any particulars.

Yours respectfully,

W. W. Fox, *M. D.*

OSAGE CITY, KAN., Feb. 18, 1873.

*Editor Herald*—We have had here, as they have had everywhere from Maine to California, a very general influenza, affecting both man and beast. It has been honored with such names as "epizootic," "hippopneumatic," and the like, and the people, astonished at such names, consider it some new manifestation of disease. I remember in 1842 we had an equally extensive epidemic, which, in honor of some of the acting President's eccentricities, (Andy Johnson had not then been President), was called the "Tyler gripe." Such epidemics have occurred at irregular intervals as far back as the records of medicine reach, and doubtless have existed from the earliest times. Perhaps the first of which we have any correct account was that of 1510. Like its successors, it did not observe any certain course, spread rapidly, and appeared simultaneously in various and remote places, affecting at its outset great numbers of people, and in many places horses, cattle, sheep, dogs, and even birds.

In this locality the epidemic has been mild and easily managed. Horses recovered perfectly without medication, and so, too, would man, with the same care he gave his horses. The horse was kept in the stable, well groomed, blanketed and carefully fed, while the master

laboring under the same disease, worked on, regardless of exposure, eating and drinking whatever he could get. The result was, while the horse recovered, the master developed laryngitis, bronchitis, pneumonitis, pleuritis, or other inflammation. In this part of Kansas few houses are built to protect against such weather as we have experienced this winter. Indeed, few houses anywhere are proof against a prairie wind with the thermometer 20° below zero. In consequence of this exposure, we have had considerable capillary catarrh among children, which has frequently proved fatal. My favorite remedy in such cases—"jacket poultices," as Prof. Chambers calls them,—have been almost out of the question; the great exposure causing them to get cold, and do more harm than good.

Bad whisky, and one thing and another, gives us a fair share of surgery. I have just discharged a very interesting case. December 16, S. F., while in a state of beastly intoxication, fell from a load of coal, and a wheel of the wagon passed over his face, crushing the superior, and causing a compound fracture of the inferior maxillary bone at the angle on the right side. The case very closely resembled that of I. S. South, in a foot note to Chelius' Surgery, vol. I, page 578, with the additional fracture of the lower jaw.

"I once saw a very remarkable accident, in which a man received a violent blow on the face from the handle of a crane while flying around. All the bones of the face, excepting the lower jaw, were separated from the skull, partly broken from it, and perhaps torn from it at the harmonies. The nose, cheek and upper jaw-bones were broken and crushed, so that the whole face below the eyes, including the floors of the orbits,

could be moved with the least effort, and yielded in every way to the pressure of the fingers, just as would beans in a bag. The broken bones of the superior maxillary had penetrated the mouth in several places, and from the posterior nares forward along the roof of the palate the finger could be introduced into the nasal cavity. The first difficulty experienced was in arresting the hemorrhage, which was very profuse. The solution of the pusulphate of iron failed to penetrate the bleeding orifices, forming a *coagula*, beneath which the blood flowed freely as ever."

We succeeded better by injecting the cavities freely with turpentine. After arresting the bleeding, we adjusted the bones, which with the swelling and plug of pusulphate and blood in the nares, seriously interfered with respiration. To keep them in place we called Dr. Reeder, dentist, and had a vulcanized rubber plate fitted to the roof of the mouth, with an arm attached which reached out over the face to the top of the head, where it was fastened to a plate by a screw, which enabled us to increase or diminish the support at will.

The patient finding it unpleasant, took it off a few days after it was applied. The parts keeping in place, it was not used again. For the same reason, mixed with a little unpleasant willfulness, he loosened the bandages that confined the lower jaw, and was only controlled with a little healthy 'jawing.' Cold dressings were constantly applied until acute inflammation subsided. Anodynes were used to control pain and secure sleep; the strength supported with tincture of iron and quinine; the wounds cleansed twice each day with a carbolic acid wash, and nourishing food given with a syringe. He was able to go home (four

miles) on the 3d of February, and has since steadily improved, recovering with comparatively little deformity.

Respectfully,

W. L. SCHENCK, M. D.

### Bibliography.

*Diseases of the Ovaries: their Diagnosis and Treatment.* By T. SPENCER WELLS, Surgeon to the Samaritan Hospital for Women, &c., &c., &c. New York; D. Appleton & Co. 1873. Price, \$5.00.

The greatest ovariologist in the world, after having treated five hundred cases, has arranged and presented the results in a convenient form for the student and practitioner. The book contains nearly five hundred pages; is profusely illustrated by three hundred and seventy-nine wood cuts, and is presented by the publishers in the highest style of the art.

The world-wide reputation of Mr. Wells, his earnest advocacy of the propriety of the operation when it was almost universally condemned as little less than butchery, and his wonderful success both as a diagnostician and as an operator, preëminently qualify him for the authorship of the rich volume before us.

The book contains a rare mine of wealth which every surgeon should make haste to explore.

#### BOOKS AND PAMPHLETS RECEIVED.

Morgan on Contagious Diseases.

First Annual Report of the Supervising Surgeon of the Maimed Hospital Service of the United States, by John M. Woodworths, M.D., Washington, D.C.

Transactions of the Medical Society of the State of West Virginia, for 1872.

It is stated Miss Sophia Jex Blake, the head of the female aspirants for medical honors at Edinburgh University, recently failed to pass examination, or, in students' phrase, was "plucked."

## The Medical Herald.

LEAVENWORTH, KANSAS, MARCH, 1873.

### LEGISLATION FOR THE SUPPRESSION OF QUACKERY.

With each recurring session of the legislature, we are solicited by some member of the profession, to join in an effort to procure legislation in reference to the suppression of quackery. In our "salad days" we hoped for, and expected much, in that direction; but a more extended acquaintance with the powers and functions of a legislature, and of the constitutional rights of individuals, convinces us that any and all laws with reference thereto, simply serve to encumber statute books; and that, however good they may be in themselves, they are practically void by reason of the utter impossibility of enforcing them.

The large measure of individual liberty guarantied in a republic, and we may say necessary to its perpetuity, in effect, if not in words, prohibits class legislation. When the inalienable right of the individual to employ whom he chooses to administer to his wants is denied, and prevented by autocratic power, then it may be possible to prevent any one from practicing a particular calling.

In this world the good and the evil are commingled; every rose has its thorn; vice and virtue are brought into relationship, just as disease and death are the necessary conditions of life. Were it otherwise there would be no science of medicine, and consequently no fungus of quackery as an outgrowth from it.

The hope of the profession in this regard, lies rather in the direction of a diffusion of knowledge than in that of prohibitory legislation.

While bemoaning the ills that afflict us as a profession, we may derive great consolation from a comparison of our status to-day, with that only one century ago. The marvellously rapid advance of the curative art in that time, is only equaled by the wonderful decline of charity.

When the members of the regular profession shall have abandoned all their tricks and practices of a purely commercial nature—dishonorable even in that sense—we will need no legislation for the suppression of quackery.

### KANSAS STATE MEDICAL SOCIETY.

The next meeting of the Kansas State Medical Society will be held at Fort Scott, commencing Wednesday, the 9th day of April.

D. W. STORMONT, *Secretary*.

At the last meeting of the State Society there was a large attendance, and an earnestness of purpose manifested that gave promise of an interesting session in April next. We expect a report from each committee, and hope for a large attendance than ever before. Every member of the profession understands and appreciates the importance to the common weal, of these annual sessions, and it is needless to urge the attendance of all who can do so by any reasonable effort. Ft. Scott is noted for the hospitality of its citizens, and we therefore anticipate a generous reception of the medical society.

The following are the Committees appointed at the last meeting of the Society:

#### REGULAR COMMITTEES.

*Practical Medicine*—Drs. G. W. Hal-deman, S. W. Jones, and A. H. Lanphier.

*Surgery*—M. S. Thomas, W. L. Burge, and D. W. McCabe.

*Obstetrics*—D. W. Stormont, Francena E. Porter, and F. Speck.

*Materia Medica*—W. B. Carpenter, R. Morris, and H. S. Roberts.

#### SPECIAL COMMITTEES.

*Recent Advances in Physiology*—A. Newman.

*Recent Advances in Chemistry*—Tiffin Sinks.

*Infantile Diseases*—S. F. Neely.

*Indigenous Remedies*—J. V. Bryning.

*Concentrated Remedies*—H. K. Kennedy.

*Venereal Diseases*—J. W. Brock.

*Uterine Hemorrhage*—A. M. Wilder.

### THE IDES OF MARCH.

That "there is many a truth spoken in jest," finds a fitting illustration in the following article, which we republish from the editorial columns of the Cincinnati *Lancet and Observer*. We commend it to the respectful consideration of the National Convention of Medical Teachers. The commercial element in politics is just now at a huge discount, and the same element in medical colleges should have no value whatever.

The title of *professor* is becoming nearly as *honorable* as that of *senator*. We have always thought that there was a harmonious and sympathetic relationship between low fees, beneficiary scholarships and the value of the instruction emanating from institutions thus bidding for patronage:

Now, that we have entered February, and the first of March is not far distant, we presume that we may congratulate the many learned professors of the numerous medical colleges of this city, on the termination of their arduous labors. The *amount of erudition* required of a first-class professor is something *immense*; when one thinks of the number of lectures to be *compiled*, of the tremendous expenditure of *vocal power* required in delivering the same, he can only wonder in mute astonishment why so many

men become professors. In this city alone we have *only about fifty*, and these fifty are all *great men*; at least they think so themselves, and we shall not endeavor to convince them to the contrary; that, indeed, would be a useless task. However, as we said before, we congratulate the noble band of professors that the *last lecture* is soon to be delivered, and we know that the students will be happy on hearing *that last lecture*. "Beware the ides of March!" \* \* \* \* \* Alas! poor student, you little know what a bugbear these final examinations are. Are you in doubt as to the result of that *final examination*? We doubt very much whether five men have been *rejected* in as many years in this city. Will you pass? We answer you, certainly. Why, last winter, or rather last spring, one of the numerous colleges in this city conferred their degree *in honoriam* upon an individual who vends a "*diuretic mixture*," which will cure almost any disease, if we are to believe the statements on the bottle. If a man who *advertises* can receive a diploma *without passing an examination*, what have you to fear? Our colleges all wish to swell their graduating list; hence, have no fears. "*Copper*," your last dollar on the result. You have four aces, "go in," and "take the pot."

## Selections.

WIRING THE CLAVICLE WHEN FRAC-TURED.—It has occurred to me that a metallic suture would better retain a broken collar-bone immovably fixed for re-union, than any method of treatment yet adopted; it may, indeed, be not only the most efficient, but probably the only certain one by which this all-important condition for consolidation can be secured.

A fractured clavicle is confessedly one of the most difficult of all bones to heal, without deformity, and for the sole reason of the impossibility, hitherto, of maintaining the ends of the bony solution in apposition during treatment. The numerous methods suggested to effect

this is but proof of the uncertainty in the results obtained; for deformity, without contradiction, is the rule, by whatever practice pursued. The wire-suture is therefore proposed for keeping the fractured parts in direct contact for reunion.

When we consider the many and great peculiarities in the bone under discussion—its singular shape, the small size of its middle cylindrical portion, where it is most frequently broken, and that, too, obliquely, from indirect violence; its elevated and supported part above the thorax, its exposed position, and then, its being the sole osseous connection of the upper extremity with the body, we can, in some measure, comprehend the frequency of its casualties, and the great trouble in retaining its fragments in proper position when it is fractured—so much so, that, even by the most skillful of the profession, it is still believed to be an impossibility.

CASE.—Mr. A. M. Smith, aged 60, while in feeble health from intermittent fever of six weeks' duration, was thrown from a mule, the 10th of July, 1872. He fell upon his right shoulder, was insensible some minutes, and on reviving, felt that his collar-bone was broken. In four days, as he said, the soreness having subsided, he went to his neighboring town to consult the doctors. His family physician having explained to him how difficult it was to prevent deformity in such cases, the patient declined to have it then treated by him.

Mr. Smith then came to Nashville, and was operated on before the class of our College, the 19th of October, being one hundred days after his fall; and for the reason that, from the constant pressure in the axilla of the affected side, the circulation and innervation in the soft parts below, were seriously affected, so that he was fast losing the use of the right upper extremity, which was now quite painful and much swollen. The usual deformity existed at the site of the fracture, the other portion of the middle third of the bone, perhaps somewhat exaggerated from non-treatment. The internal or sternal end overlapped the outer or acro-

mion one by an inch, and was now firmly consolidated.

After what preparation could be made by quinine, iron and hygiene, during the few days allowed for this purpose, assisted by Drs. Buchanan and Van Lindsley, the following operation was performed: The patient being etherized, an incision was made, commencing over the clavicle an inch and a half from where it had been broken, carrying it downwards in a curved direction, then upwards, to be terminated at a corresponding point on the opposite side of the fracture in this bone. Dissecting up this flap, and turning it over upon the neck, fully exposed not only the overlapping united fragments, but exhibited the location of the subclavian artery below, and external jugular vein above it. With cutting forceps the viciously united clavicle was divided horizontally, its roughened ends squared off, the periosteum carefully divided longitudinally on its upper surface, holes next drilled perpendicularly at half an inch from the fracture, and silver wire passed through them. Reduction was now effected by carrying the shoulder outwards, backwards, and upwards, the wire ligature tied tightly, and its ends pushed into the drilled holes. No hæmodynamic agent was required. The flap of integuments was replaced over the clavicle, secured by sutures, and closed accurately by adhesive strips and carbolic lotion. A soft pad was worn in the axilla, the right extremity secured to the chest, and the hand in a sling.

From that time our patient never felt the least movement at the original fracture, nor was there, after this, the slightest crepitation or displacement ever been detected.

The soft parts did not unite, by adhesion, but Mr. Smith became again ill with chill and fever, had also an attack of erysipelas, but not at the wound, and remained here forty-one days after the operation. A good opportunity was thus offered for watching the case, which though quite an unpromising one for the experiment, has nevertheless resulted finely. And why not?—for who does

not now know the innocuity of the silver wire to the flesh, and how easily it may become encased in callus? I, therefore, recommend the metallic suture for all fractures of the clavicle, recent or otherwise, believing that the slight exposure made by the operation as described, would not much increase the danger in such cases, wherein the methods now resorted to, fail to keep the ends of the broken bone in apposition.—PAUL F. EVE, in the *Nashville Medical Herald*.

AGORAPHOBIA.—The author, (Prof. C. Westphal), relates, under the German name of *Platzangst* (dread of locality), a new form of perverted psychic action. He observed three cases, all in males, presenting the following symptoms:

Impossibility of walking through certain streets or squares, or possibility of so doing with resulting dread or anxiety. The sensation was one difficult to describe, consisting in a fulness or sense of heat, and oppression in abdomen, chest, (region of heart), and head. In two cases general trembling completed the paroxysm. No loss of consciousness occurred, and vertigo was clearly excluded by all the patients. There was no hallucination or delusion to cause the strange fear; all the patients were perfectly sane. The agony was much increased at those hours when the particular streets dreaded were deserted and the shops closed. The subjects experienced great comfort from the companionship of man or of an inanimate object, such as a vehicle or cane. The use of beer or wine also allowed the patient to pass through the feared locality with comparative comfort. One man even sought, without improper motives, the companionship of a prostitute as far as his own door. A very peculiar feature of this state is that one or two localities are much more difficult of access than others; the subject walking far in order not to traverse them. If the attempt was persevered in, there arose a terrible conviction that the place could not be crossed. Strange to say, in one instance the open country was less feared than sparse-

ly housed streets in town. Case III had also a dislike to crossing a certain bridge from the fear that he would fall into the water. In this case there was also apprehension of impending insanity.

In two cases the onset of the disease had been sudden; in the third the fear had been gradually increasing for a number of years. In two of the cases there was no hereditary predisposition to mental or nervous disease; in the third case a sister was epileptic, and ancestors had had some peculiar nervous seizures. In one case epileptiform attacks had preceded the development of the neuropathic state. In two cases patients suffered from paroxysmal attacks of disturbed vision, seeing sparks and specks before them.

Westphal distinguishes these seizures from epileptoid attacks, and insists upon their want of affinity to the curious affection described by Benedict (in *Allg. Wien. Med. Zeitung*, 1870, No. 40), and termed by him *Platzschwindel*, or locality vertigo. This condition, a true vertigo experienced in traversing broad spaces with distant landmarks (a square or wide street), is caused by a paresis of the muscles which produce convergence of the eyeballs.

Treatment attempted by bromide of potassium, and the galvanic current to the sympathetic in neck and upper spine, failed to influence the disease. (Abstracted by E. C. J.)—*Archives of Scientific and Practical Medicine*.

COLLINS' Remedy for the opium habit, now largely advertised as an "unfailing and painless remedy against the opium habit," and sold at sixteen dollars per bottle, has been examined by a correspondent of the *Druggists' Circular*. He states that it is a syrup, colored with fuschine, and containing a large proportion of *sulphate of morphia*—*Pharmacist*.

HOPS AS AN EXTERNAL APPLICATION.—If possessed of any virtue as an anydyne, and popularly hops have great reputation as such, the effect is best obtained by *steaming* a muslin bag full of them, on the side to be applied to the body, until

quite soft and damp—not wet. The ordinary method of wringing out in hot water wastes all the strength of the hops, and makes a nasty mess of it.—*Boston Medical and Surgical Journal*.

A CASE is reported by Dr. Hingston, of Montreal, of the successful performance of lithotomy in a child aged one year. The stone was hard, and about the size of a pea-nut, and was supposed to have existed from birth.—*Boston Medical and Surgical Journal*.

## Miscellany.

FOR the accomodation of our subscribers, we have established an agency for the supply of medical books. Upon the receipt of the publisher's price, we will forward by mail, post-paid, any medical work published in this country. All remittances should be by draft, post-office order or registered letter.

FOR a "puff extraordinary," we will go our last nickel on the local of the *Leavenworth Times*. The following from the daily of the 17th deserves preservation:

I. L. Abell, of the *St. Louis Journal*, departed for home yesterday. There being no skillful surgeons in St. Louis, Mr. Abell came to Leavenworth to be operated upon. Dr. Tuttle skillfully and successfully removed a distressing ovarian tumor from Mr. A.'s head, and the latter is now doing splendidly.

THE *Eclectic Magazine* for March presents a table of contents, which, for variety, entertainment, and permanent value, is seldom equalled by any of its rivals. An able article by Francis Galton, entitled "Hereditary Improvement," especially commends itself to the careful consideration of medical men.



# THE MEDICAL HERALD.

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## Original Communications.

### PRACTICAL MEDICINE.

[A Paper read before the Central Kansas Medical Society.]

By S. H. ROBERTS, M. D., Manhattan, Kansas.

To the members of this Association, as to the large majority of the medical profession, is the subject of the Practice of Medicine of most importance. To a favored few in our largest cities, is given the opportunity of obtaining preëminence in that most noble branch of the medical science, Surgery, which will place their names upon the roll of fame beside the worthies of ancient days. In saying thus, "to the few in our large cities," my meaning is that to the natural capacity and untiring zeal is added the continuous opportunity for varied experiment; not that there are none, aside from those favored few, who have both the ability and power for condensed labor. But how often have we seen the young M. D., to whom the "*Doctor in Arte Medendi*" of his fresh diploma exhaled the sweet attar of roses, as the silly goose which seeing the eagle sailing in majesty high up toward the sun, and, emulating its noble position, takes a deep breath, flaps its wings vigorously for a moment, and falling prone to its former level, with the single ejaculation "quack," breathes its last, so he, with his beautiful silver-plated scalpels and catlins, having observed the skill of a Gross or a Mott, starts to the place of his commencing with the exclamation, "Oh, yes, *doctors*, but have you any *surgeons* here?" and

then fails with the first felon which he has to attend.

Therefore while we should keep our minds, as our instruments, free from the corroding influences of disuse in the science and art of surgery, by frequent polishing with the chamois skin of some standard author, that if the moment of urgent need comes, demanding the clear, educated head and steady hand, that it does not find us with the hollow excuse of "out of practice," which permits the poor one to suffer on and to die, when from sheer idleness our knowledge is suffered to lapse, the weak self excuse being that it is impossible for us to attain to greatness in that direction; therefore, while we do not allow the one to float into the murky past, there is an ever present demand upon each one of us to devote untiringly our energies to self-advancement in knowledge of the human system, the effects of different diseases upon it, and correct therapeutics.

Day by day comes the demand upon us for our knowledge of the practice of medicine, and unless, by devotion to its study, we place ourselves above the mere charlatan, we receive compensation without giving an equivalent, and in our own minds must find a verdict against ourselves of dishonesty.

By the practice of medicine more is comprehended than merely therapeutics or application of remedies, knowledge of the human system free from disease and differential diagnosis being its hand-maidens; the most worthy being correct diagnosis, for without it the first is em-

piricism—a cutting for an artery with a keen scalpel, having the eyes bandaged. Formerly it was a rule, “When you do not know what to give, give calomel.” Dr. Brainard, of Chicago, used to say: “Here in the West, give quinine;” but a more worthy rule, to me, seems to be, when you do not know what to give, give nothing, and prepare yourself by more diligent study to know what to apply.

In giving a report on the Practice of Medicine, a little extra attention will be given to one disease, partly because it has fallen more especially under my notice since the former meeting of this Society, and partly because it is little treated of in the works on Practice most frequently found in our libraries, viz:

#### TONSILITIS.

Flint passes it with a single paragraph, in which he states that “inflammation of the pharynx, associated with inflammation of the tonsils, constitute the affection commonly known as tonsilitis; that it generally ends in suppuration; is a very distressing affection, because of the pain and difficulty of deglutition; is attended with danger only from the slight liability of œdema of the glottis; the treatment consisting of poultices to the neck or the water dressing, the inhalation of warm vapor and anodynes, and when the abscesses point they may be opened.”

Bennett reports a single case after the formation of abscesses, and speaks of the disease from that standpoint.

Wood devotes more attention to its diagnosis, causation and treatment. Under treatment, he states: “At the period of the complaint at which the physician is called, it is generally difficult to prevent suppuration, unless by an energy of depletory treatment, which may lead to more unpleasant consequences than the

disease, and the most copious depletion admissible often fails.” Yet of depletion he says, “this is, therefore, in general, the appropriate treatment.”

The cause of tonsilitis, as generally ascribed, is “a cold,” probably from an unequal exposure of the person. The earliest symptoms of the disease are a slight tickling in the pharynx, attended with difficulty in swallowing; as the disease progresses, all of the symptoms of acute inflammation, lancinating pains, headache, a full, hard pulse, a furred tongue, together with increased difficulty in deglutition; the prominence of one or both of the tonsils is marked. The relative frequency in which, under my observation, the right tonsil is affected, is about three to one for the left, and that in which both are simultaneously affected, to that of a single one, is in the proportion of one to twenty, and only one case has been observed by me in which there was abscess of both tonsils at the same time.

Case I. A young lady 18 years of age; first saw her November 21st, 1872; the right tonsil was swollen to about the size of a hickory nut, pains shooting upward toward the ear and downward to the lower jaw; the tongue covered with a whitish fur; headache; the pulse full, hard, and one hundred to the minute. Directed a mild saline cathartic, and gave morph. sulph. gr. 1-5 every four hours while the pain continued; directed that a flannel, folded to four thicknesses, be wrung from hot water and oleum terebinthinæ poured over a spot of the size of a silver dollar, and applied over the subparotid region, and the whole to be covered with a dry napkin, the fomentation to be continued as long as it could be borne; after its removal, a dry flannel to be applied, and the same region to be

rubbed each two hours with turpentine. Saw her again the next day; found the febrile symptoms considerably less; directed the repetition of the turpentine application as of the previous day; discontinued the opiate, and gave a gargle of ʒss tr. ferri chlorid to ʒi of water, each three or four hours. Case was reported to me next day (23d) as very much better, and concluded in resolution.

Case II. Child eighteen months old; found the general symptoms as in Case I; directed the turpentine application as before, and gave Dover powder gr. i. each four hours. Continued the same treatment for two days, and resulted in resolution.

Case III. Child two years old; followed the same treatment as in Case II, with similar result.

Case IV. Child four years of age; found the left tonsil affected; directed application of ol. teribinth as in the other cases, and gave no internal remedy. Result the same as with the others, in resolution.

The succeeding five cases were like the last, with a difference in age, and but one with left tonsil affected, and having a similar result.

Case VIII. A man aged 30 years; was called January 30th, 1873; found the febrile symptoms as in Case I, but found the right half arch swollen full. As the tonsil yielded no indication of pus upon pressure, directed the rigorous use of the turpentine application, at the same time expressing doubts as to possibility of preventing the formation of abscess. Gave Morph. Sulph, gr. ¼ each four hours, to allay pain and assist in quieting the inflammatory action. Saw him the next day, January 31st, and found that an abscess had already

commenced forming, and discontinued the use of the turpentine, and directed warm poultices to the face, and the following night the abscess broke. The last case had already had repeated abscess of each tonsil.

Within the past year about thirty cases of tonsilitis have come under my charge, and each has been treated with applications of turpentine, with occasionally an anodyne, or a gargle of Tr. Ferri Chloridi ʒss to ʒi of water, and with a result of producing resolution in every case, with the single exception mentioned. It should have been stated of Case VIII that the attack commenced three days prior to when it was first seen.

That oil of Turpentine has almost a specific effect in Tonsilitis, when used at the commencement of the disease in the manner given, is my firm belief. What that action is I am unable to state, believing that it is not on account of its counter-irritant action, as Mustard and Croton Oil have both failed in my hands. The direct application of Tr. Iodine has in each instance been followed by increased pharyngeal inflammation, with no diminution of that of the tonsils. Having no theory as to the action of Oil of Turpentine in this disease, I give the practical results of its use in my hands, with no theorizing.

The next case which I will give you is of Acute Bronchitis. It will not be necessary to state that this disease is an acute inflammation of the mucous membrane lining the larger bronchial tubes; nor of the various changes in the sputa from the viscid mucus to a whitish, and that streaked with blood, &c., &c.; but will give the case. On February 11th I was called to see a young man living on Timber Creek, twenty-five miles from

Manhattan. Aged 22 years. His breathing short and jerking; the pulse was one hundred and twenty to the minute; percussion gave the healthy sound; auscultation gave the moist rales over both lungs; the sputa was streaked with blood; at times he was reported delirious; he had pain under the sternum, and described it as a burning; his thirst for water was continuous.

The treatment was applying Oleum Tiglii over the entire anterior portion of the chest, with Dover's Powder gr. viij, Pulv. Ipecacuanha gr. ss, one each four hours. Three days afterward the case was reported to me by mail as better, and in a week as well.

Passing from Bronchitis, the next disease in order is Pneumonitis, of which but one case will be presented. T. W. was taken with chill, followed with pain in the lower part of left lung, and fever, on the 19th of November, 1872. On November 26th first saw the case, at which time there was dullness on percussion over the lower lobe of the left lung. Auscultation disclosed the crepitant rales and the pathognomonic rusty sputa told the disease. The mind was clear; the pulse did not show excessive fever, being only eighty to the minute; Croton Oil was applied over the lower lobe of left lung, and the following was given internally: Pulv. Dovers gr. v, Morph. Sulph. gr.  $\frac{1}{8}$ , one each four hours; found my patient much better next day, and continued treatment, and three days afterward the case was discharged. About one year prior he came under my charge for the same disease, attacking the same part. At that time Croton Oil was applied over the part affected, and as the inflammatory action was considerable, the pulse beating one hundred to the minute, Norwood's Tinc-

ture of Veratrum Viridi, five drops each hour, was directed. Soon after the second dose had been given he commenced vomiting severely, and a messenger was sent in haste for me. On arriving, I found the pulse but thirty-two to the minute. After watching the patient for a while, I left, directing the discontinuance of the Veratrum. Saw him the next day; found the pulse sixty to the minute, and soft; the rusty sputa had ceased and the breathing was easy and natural, and the case was discharged. The unexpected action of the Veratrum was due to its being quite old, the alcohol having very considerably evaporated.

The last disease and case which will be given is that on which the very old saw is ground, "changing it into fits, being," &c. A man came in great haste for me, with the statement that the child of a Mr. P. was having a "fit;" "had been having them all day;" that the child "would probably die, if not already dead." On inquiring why they had not sent sooner, was told that another physician had been in attendance; and having no desire to take charge of his dying patients, the messenger was sent for him. Soon afterward the father came for me, saying the other physician was from home,—that he had been called during the excitement of the moment. On going to the house, found that Tr. Veratrum Viride had been given, and three powders of Quinine and Dovers had been left, with direction to be given in the evening as soon as the fever was gone. The convulsion was one attending the febrile stage of intermittent. On inquiry, found that the child, eighteen months old, had at no time had indication of intermittent. By close quizzing found that it had eaten two drastic cathartic pills, carelessly left within its

reach. The case of fits was solved. A sinapism was applied to the abdomen, and a nervous sedative given internally, and the fits cured. This case is given simply to illustrate carelessness in diagnosis, and jumping at conclusions.

## Correspondence.

JUNCTION CITY, Ks., Mar. 10, 1873.

*Editor Herald*—Our Medical Society held its first quarterly meeting on the 4th inst. Quite a number of the profession from all parts of the district were present or represented by letter.

The meeting was called to order by the President, L. Hall, M. D., promptly at 10 o'clock A. M.

During the morning session, Dr. Hall exhibited a patent arrangement called the "Equalizer," acting upon the principle of exhaustion.

Drs. Wm. Hartshorn, of this place, and H. C. Brown, of Abilene, were present, examined by the Board of Censors and elected members of the Society. The following gentlemen were recommended as suitable persons to become members of this Society, subject to the decision of the Board: Drs. M. R. Nemor, of Ogden; J. S. Kelso and A. W. Sterling, of Clay Center; — Hewitt, of Wakefield; O. F. Searle and Sherman, of Solomon City; E. R. Russell, of Humboldt.

The Society then took a recess until 2 o'clock, at which time Dr. S. H. Roberts read a report upon practice, able and well written, which was placed in the hands of the Publishing Committee.

By motion, the name of this Society was changed to "The Central Kansas Medical Society."

The meeting was a grand success, and

from the interest manifested by all, it bids fair to become the largest in the State.

The following committees were appointed, to report at our next meeting: Dr. P. Dougherty, on Venereal Diseases; Dr. E. W. Seymore, on Obstetrics; Dr. H. S. Roberts, on Surgery; Dr. Max Kenedy, on Diseases of Children; Dr. D. C. Jones, on Uterine Diseases; Dr. Wm. Hartshorn, on Intermittents.

No further business. Adjourned to meet at this place on the first Tuesday (the 3d) in June. T. G. HORN,

*Secretary.*

OLATHE, Ks., March 14, 1873.

*Editor Herald*—Under the caption of "Legislation for the Suppression of Quackery," in your last issue, you make some comments on what you please to term "class legislation," &c., and include in your wholesale condemnation the act in relation "to empiricism," and "the elevation of the medical profession," introduced for enactment in the last Legislature of this State. Believing that you have never read the act in question, and that consequently the remarks you offer concerning it cannot be sustained by a critical examination of the text of the act, I send you a copy of it for that purpose, though it may be *now* a matter of but little moment, more than to do justice to its inanimate mortal remains.

Entertaining the idea that the chief end and aim of all republican forms of government is to *secure Life, Liberty and Happiness* to the people of the same—though my "salad days," too, are past—I cannot agree with you as regards *any man* possessing an *inalienable right* to *any extent* to destroy or endanger the life or happiness of a fellow creature, under *any guise*, it matters not whether

it be that of a highway robber or a quack doctor. In my old-fashioned way of looking at it, I believe that there is in reality no essential difference between the man who shoots down and robs his fellow man on the public highway with a revolver, and he who *permits* his fellow man to die by disease, assuring him that the *homeopathic pillet* he is giving him is all that is required to prevent his death, and secure his health, at the same time taking his money for such assurance. Nor is it because of bemoaning the ills affecting the profession, that I believe such a statute is needed. It is the public that is most to be protected by it, and not the profession; while the latter may be benefitted to some extent, the former, I conceive, would be largely so.

While agreeing with you that the "curative art" has "marvelously advanced" during the last century, I must confess that I cannot see the "wonderful decline" of "charlatanry" you speak of. Indeed, in my opinion, it has kept pace, or nearly so, with the advance of the healing art in all countries where it has full swing, as it has in this. Everywhere around us, both east and west, the undisguised, unblushing and presumptuous "quack doctor" claims for himself the highest consideration and attention from the public, and but too often are they awarded him, by those of that public we might, with good reason, expect to do otherwise; indeed, it cannot any longer be expected that any ordinary "diffusion of knowledge" will remedy these "ills" of the profession; nothing in this direction can suffice but a *medical education*—the diffusion of a knowledge of medicine to an extent impossible among the masses—not even if every member of the medical profession should abandon all their "tricks and practices of a com-

mercial nature," and elevate themselves to the highest summit of medical knowledge and professional etiquette.

The objects of the proposed legislation being for the protection of the public and the elevation of the medical profession, the movement is most certainly worthy of a fair consideration, and that these may be secured to some extent, if not fully, by the means proposed, I feel well convinced. There are, namely: 1st, a legal test of qualification; 2d, a registration for the benefit of the public; 3d, the more ready means of punishing the "quack" for malpractice; 4th, the encouragement of the "legally qualified" in their employment by the State for public professional purposes, and 5th, by the discouragement of irregulars and quacks, that the adoption and enforcement of such a law would give.

In conclusion, let me say that should it be agreeable, the members of the profession in this place and vicinity would be pleased to have the question of enactment of such, or a similar law, discussed at the next meeting of the State Medical Society.

Yours truly,

J. R. EGGLESTON, M. D.

The following is the bill referred to by our correspondent:

An Act to amend an Act entitled A Bill to protect the people of Kansas from Empiricism, and to elevate the Medical Profession.

*Be it Enacted by the Legislature of the State of Kansas;*

SECTION 1. That Section 1 of an Act entitled "A Bill to protect the people of Kansas from Empiricism and to elevate the Medical Profession," approved March 3d, 1870, be amended so as to read as follows: "Section 1. No person within the State of Kansas shall be considered *legally qualified* to practice medicine in any of its departments within said State,

without first having obtained a certificate of qualification for such purpose, in the manner hereinafter provided for, and has filed a copy of the same in the Clerk's office of the county in which such person resides."

SEC. 2. That Section 2 of said Act shall read as follows: "*Sec. 2.* No practicing physician in the State of Kansas, not legally qualified as specified and provided for in this Act, as amended, shall be employed in any professional capacity whatever by any officer, superintendent, agent, employee, or any other person for which the said State, or any county, city, township or district of the same, or any part or portion thereof may be in any manner held responsible for reward or compensation. Nor shall the testimony of such person be received as evidence in any case in which the opinion of an expert in the science of medicine is required, by any court, judge, jury, or any officer acting in any official capacity for or in behalf of the said State, or any county, city, township or district therein, and all contracts or agreements made in behalf of the same with such persons shall not be esteemed as valid or binding on the said State, or any part or portion of the same, and any officer, agent, superintendent or employee, making any contract or agreement with such persons with intent to make said State or any portion of the same a responsible party thereto, shall be held individually liable for consideration and obligation imposed in consequence thereof."

SEC. 3. That Section 3 of said Act shall read as follows: "*Sec. 3.* Any person engaging in the practice of medicine in any of its departments, in this State, without first legally qualifying himself, or herself, in accordance with the provisions of this Act, being subjected to prosecution for damages arising from malpractice, or on any indictment for any criminal offense whatever, occurring in consequence of or through the prescription or administration of any medicine or course of treatment pursued by such person, it shall be presumptive evidence of the guilt or liability of such

persons to establish the fact that they had not previously complied with the provisions of this Act."

SEC. 4. The Governor of the State, with the advice and consent of the Senate thereof, shall appoint three Doctors of Medicine, graduates of some respectable School or College of Medicine, to act as a State Board of Medical Censors, whose term of office shall be two years, and whose duty shall be to appoint, organize and supervise the action of a Board of County Medical Examiners, of like numbers and qualifications to themselves, and to serve for a like term, in each county of the State, when practicable; it shall also be their duty to hear on appeal all applicants for certificates of qualification, who deem themselves wrongfully denied the same by such Boards of County Medical examiners.

SEC. 5. It shall be the duty of the Boards of County Medical Examiners to determine, in a fair, impartial and unprejudiced manner, the professional qualifications of all persons in the county for which they were appointed applying to them for certificates of qualification to practice medicine in any or all of its departments, and to grant the same only to those who present diplomas from respectable medical schools or colleges, or when, on examination or other sufficient test, they are assured of the necessary qualifications on the part of the applicant therefor. In case of any person deeming himself, or herself, wrongfully denied such certificate of qualification by a Board of County Medical Examiners, they may appeal to the State Board of Medical Censors, who shall re-examine said applicant, and if such fact be made evident, they shall issue a certificate of qualification thereto.

SEC. 6. The fees of the State Board of Medical Censors shall be: for organizing each County Board of Medical Examiners, ten dollars, payable by the members of such County Board; for the examination of an applicant on an appeal from a County Board of Medical Examiners, ten dollars, payable by the applicant taking the appeal. The fees of the

County Board of Medical Examiners shall be, for each certificate of qualification to practice granted on the presentation of a diploma, three dollars, and for the same when granted on an examination, ten dollars, payable in each case by the applicant therefor.

SEC. 7. Sections one, two and three of the Act to which this Act is amendatory are hereby repealed.

SEC. 8. This Act to take effect on its passage, and to be in *full force* in three months thereafter.

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## Bibliography.

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*Manual of Chemical Analysis, as Applied to the Examination of Medicinal Chemicals.* A Guide for the Determination of their Identity and Quality, and for the Detection of Impurities and Adulterations. By FREDERICK HOFFMANN, Ph. D. New York: D. Appleton & Co. 1873.

The success of the practitioner largely depends upon the purity of the medicines administered. The druggist relies upon the manufacturing chemist, and the physician upon the druggist; but as the party chiefly in interest is the physician, it is his duty to be not only familiar with the qualities of the articles used, but also the best methods of determining their purity.

The necessary information, heretofore widely scattered through chemical, pharmaceutical and medical manuals and journals, has been carefully collected, and conveniently arranged, by Mr. Hoffmann, and presented as a guide for ready reference.

Although chiefly designed for the convenience and use of the dispensing druggist, it is a very desirable and useful book for the physician.

The illustrations, ninety-six in number, are exceptionally good, and the publishers have spared no pains in the mechanical execution of the work.

*Fistula, Hemorrhoids, Painful Ulcer, Stricture, Prolapsus, and other Diseases of the Rectum; their Diagnosis and Treatment.* By WILLIAM ALLINGHAM, Fellow of the Royal College of Surgeons of England, &c., &c. Second edition, revised and enlarged. Philadelphia: Lindsay & Blakiston. 1873. Price \$2.00.

The favorable reception accorded to the first edition of Dr. Allingham's book will by no means be denied the second one, as there are evidences of improvement throughout the whole volume.

There is no other department of regional surgery in which as great a number of successes follow judicious treatment, as in rectal diseases; and there is no work upon this subject which excels, in precision, clearness, and practical good sense, the treatise of Dr. Allingham.

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## Editorial.

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### THE AMERICAN MEDICAL ASSOCIATION.

The twenty-fourth session of the American Medical Association will be held in St. Louis, beginning on the 6th of May next. The motives that animated those who organized the Association were pure and noble and generous. The plan of the organization was peculiarly fitted for the times, and its liberality is the best evidence of the character of its founders. For nearly twenty years it grew and expanded, bore rich fruit, was respected and revered by the entire profession. Its title of membership conferred honor, and its proceedings were dignified and reputable. But we must with shame confess that for the last five years it has steadily degenerated; that its proceedings have been disgraceful; that they have ceased to command respect, and that the organization is rapidly tumbling into decay. It must be reconstructed and



rejuvenated, or it will soon be numbered among the things that were but are not. The necessity for the existence and perpetuity of the organization none will deny, but there may be an honest difference of opinion in reference to the best method of adapting it to the needs and requirements of the times.

When a piece of machinery does not fully answer the purpose for which it was designed, the mechanic does not necessarily cast it aside as utterly worthless, but rather preserves all of it that is good and merely remedies the defects. We propose to point out the defects in the present plan of organization, and to offer such suggestions as we deem advisable, for the respectful consideration of the Association.

That there may be a perfect understanding, we quote from the organic law of that body:

"The members of this Institution shall collectively represent and have cognizance of the common interest of the medical profession in every part of the United States; and shall hold their appointment to membership either as delegates from local institutions, as members by invitation, or as permanent members.

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"Each delegate shall hold his appointment for one year, and until another is appointed to succeed him, and shall participate in all the business of the Association.

"Each local society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The faculty of every regularly constituted medical college, or chartered school of medicine, shall have the privilege of sending two delegates.

The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution shall have the privilege of sending one delegate.

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"The *Members by Invitation* shall consist of practitioners of reputable standing, from sections of the United States not otherwise represented at the meeting. They shall receive their appointment by invitation of the meeting, after an introduction from, and being vouched for by any of the members present, or any of the absent permanent members. They shall hold their connection with the Association until the close of the annual session at which they are received, and shall be entitled to participate in all its affairs, as in the case of delegates.

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"The *Permanent Members* shall consist of all those who have served in the capacity of delegates, and of such other members as may receive the appointment by unanimous vote.

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"Permanent members shall at all times be entitled to attend the meetings, and participate in the affairs of the Association, so long as they shall continue to conform to its regulations, but without the right of voting; and when not in attendance, shall be authorized to grant letters of introduction to reputable practitioners of medicine residing in the vicinity, who may wish to partake in the business of the meeting, as provided for members by invitation."

When the Association was organized the facilities for travel were not great, medical societies consisting of ten members were not numerous, and as a conse-

quence the attendance was not large ; but now that almost every county in every State has a railroad passing through it, the attendance upon each session is so great that the body is becoming unwieldy. For the last five years the defect of that body has chiefly consisted in obesity. The very liberality of the founders of the organization germinated the seeds of its destruction. Almost any one who desires to do so can become a member.

In the majority of instances the members are practically amenable to no one for their action.

The sessions are so short that but little time can be devoted to any particular subject, however important it may be. The division into sections, which was intended to obviate this trouble, has proved only a partial success.

A large share of the time of the Association is occupied in the arbitrament of local quarrels, and in the discussion of subjects with which the Association should have no concern, but which cannot be avoided while the present plan of organization is retained.

The admission of delegates from medical colleges practically prohibits any legislation in reference to the subject of medical education.

The term of service of delegates is so short that but few become familiar with the history of the Association, its practical workings or its necessities.

The foregoing are a few among the many objections that may be urged against the present plan of organization of the *American Medical Association*.

How can they be obviated, and what can be done to make the body truly representative of the Medical profession in the United States ?

The Boston *Medical and Surgical Jour-*

*nal* of July 25, 1872, contains some suggestions which, both for originality and comprehensiveness, so commend themselves to our judgment that we reprint them entire :

In future, then, let the Association have, or rather consist of a working Board, a true representative body, of limited numbers, membership in which shall be the reward of professional ability, usefulness and eminence. Two from each State would be a sufficiently large number for all practical purposes. Let this Board be called the National Council of the American Medical Association. Let this Council meet once a year at some convenient place, say Washington, or as the Board might from time to time determine, and continue in session long enough to attend to all legitimate business, scientific and professional, everything in fact in the interests and needs of the profession throughout the Union—giving such advice, recommending such rules, issuing such "Transactions," as would be for the elevation and advancement of the whole profession. Let the term of service for these two National Councillors be six years—one to be chosen every three years ; and, to place them as much as possible above temporary influences and purely local interests, let them be chosen by a State Council, which, for this and other duties, may be constituted and elected as follows :

Let each of the several State Societies choose from its most experienced and best qualified men a number equal, say, to that of the State's Representatives in Congress (one-third each year), and, as far as convenient, to obtain representation from all parts of the State—one from each Congressional District. Let these hold office for three years, and form what may be called the Local or State Council of the American Medical Association. They could meet yearly, or oftener if found useful, to consider, primarily, professional matters which in the State are, or may be, of National concernment, and to make selections of such as should be carried before the National Board—in

short, to do all the work of a State Committee. Each of these State Boards should, once in three years, choose one from their own Board or at large, wherever the best qualified could be found. As in these Boards the chief preparative work should be done, while its revision and completion should be left to the sober judgment and more deliberate action of the National Board, the National Councillors might have seats in the State Board—without vote—in order that they might know all the arguments and circumstances relating to any case, and the wishes of the State Board, in full, to guide their own action in the National Board.

The numbers in the several State Boards would be sufficiently large and well proportioned. For a National Council, seventy or eighty thus selected would be ample; and the length of the term of service would enable them to preserve a continuous and consistent plan of work, while half of their number coming new every three years, would prevent any lapsing into indifference or negligence. The influence of the State Councils, as indicated, most fully impressing their own wishes and the wishes of their immediate constituents on National Councillors, would, through the National Board, give a voice to the profession such as was never before known. It is not necessary to give other details at present; such could be easily wrought out, the plan itself being quite feasible.

As for "ways and means," such could be arranged for without difficulty. The addition of a dollar (or even half of that sum) to the annual assessment in the State Societies, would give more than enough for all expenses, including, if thought best, mileage and pay of the National Board while in session.

Should the plan work successfully, as no doubt it would, eventually the State Societies might, if then thought advisable, without changing name or object in any other respect, become branches, and their districts sub-branches of the national organization, retaining all the desirable features now possessed; and

thus give to each of their members an additional bond of union with the whole profession in the country, and an additional *title* to the respect of the community at large.

In such event, the National Council could arrange for general meetings—every year or second year, and in different parts of the country—for all members who might choose to attend. At these meetings there might be orations in medicine, in surgery, and in other departments, reports, communications, discussions, and consideration of other matters of professional interest; while all the evils of the present organization would be avoided, by the exclusion of all matters of business or control, which would continue in the hands of the National Council, and not be agitated at any of these general meetings.

Under such a system as we have described, there would be no difficulty in getting the right men for these right places for them. To be a member of the State Council would be worthy of the laudable ambition of any aspiring physician; and to be one of the National Board would be held by all as the highest professional honor the profession could confer upon eminent talent and a well-trying fidelity to its interests.

Under such a plan the American Medical Association would soon become "a power" in the land, and connection with it, even as a member merely, an object of just pride with every high-minded and well-educated practitioner throughout the country.

The only objection to the above plan is the manifest impropriety of encumbering it with the useless machinery of *State Councils*. Each State society, by virtue of its authority to send delegates to the National Council, and instruct its own delegation, becomes a constituent branch of the National Council. Besides, by omitting State councils from the plan, a very considerable item of expense will be saved.

We take occasion to urge upon the

delegates from Kansas the great importance of exerting their influence in behalf of a reorganization of the American Medical Association if they desire its perpetuity, for unless some remedy is applied soon, it must inevitably ingloriously expire.

The following announcement by Dr. Atkinson explains itself:

The Twenty-fourth Annual session will be held in St. Louis, Mo., May 6th, 1873, at 11 A. M.

The following Committees are expected to report:

On Cultivation of the Cinchona Tree. Dr. Lemuel J. Deal, Philadelphia, Pa., Chairman.

On Measures to Prevent the Extension of Diseases of Inferior Animals to Man, and the Sanitary Measures to Arrest the Progress of such Diseases in Animals. Dr. A. W. Stein, N. Y., Chairman.

On the Treatment of Fractures. Dr. Lewis a Sayre, New York, N. Y., Chairman.

On Gunguillia, a Substitute for Quinia. Dr. Wm. Chew Van Bibber, Baltimore, Md., Chairman.

On Gynæcology. Dr. Montrose A. Pallen, St. Louis, Mo., Chairman.

On the Renewal of Prescriptions without Authority, and on the Relations of Physicians and Druggists. Dr. R. J. O'Sullivan, New York, N. Y., Chairman.

On Vaccination. Dr. T. N. Wise, Covington, Ky., Chairman.

On Skin Transplantation. Dr. J. Ford Thompson, Washington, D. C., Chairman.

On some Diseases peculiar to Colorado. Dr. John Elsner, Denver, Colorado, Chairman.

On Correspondence with State Medical Societies. Dr. N. S. Davis, Chicago, Illinois, Chairman.

On National Health Council. Dr. Thomas M. Logan, Sacramento, Cal., Chairman.

On Nomenclature of Diseases. Dr. Francis Gurney Smith, Philadelphia, Pa., Chairman.

On American Medical Necrology. Dr. J. D. Jackson, Danville, Ky., Chairman.

On Suggestions on Medical Education. Dr. A. M. Pollock, Pittsburg, Pa., Chairman.

On Medical Education. Dr. William Carson, Cincinnati, Ohio, Chairman.

On Medical Literature. Dr. Austin Flint, New York, N. Y., Chairman.

On Prize Essays. Dr. John S. Moore, St. Louis, Mo., Chairman.

On Plan for better Arrangement of Sections, and more rigid Examination of Papers offered for Publication. Dr. E. L. Howard, Baltimore, Md., Chairman.

On Ethics. Dr. H. F. Askew, Wilmington, Delaware, Chairman.

On the Climatology and Epidemics of each of the States of the Union.

Physicians desiring to present papers before the Association, should observe the following rule:

"Papers appropriate to the several sections, in order to secure consideration and action, must be sent to the Secretary of the appropriate section at least one month before the meeting which is to act upon them. It shall be the duty of the Secretary to whom such papers are sent, to examine them with care, and, with the advice of the Chairman of his Section, to determine the time and order of their presentation, and give due notice of the same. \* \* \*

#### OFFICERS OF SECTIONS.

Chemistry and Materia Medica. Drs. R. H. Rogers, Philadelphia, Pa., Chairman; Ephraim Cutter, Boston, Mass., Sec'y.

Practice of Medicine and Obstetrics. Drs. D. A. O'Donnell, Baltimore, Md., Chairman; Benjamin F. Dawson, New York, N. Y., Sec'y.

Surgery and Anatomy. Drs. Edward Warren, Baltimore, Md., Chairman; W. F. Peck, Davenport, Iowa, Sec'y.

Meteorology and Epidemics. Drs. George Sutton, Aurora, Indiana, Chairman; Elisha Harris, New York, N. Y., Sec'y.

Medical Jurisprudence, Hygiene, and Physiology. Drs. S. C. Busey, Washington, D. C., Chairman; A. B. Arnold, Baltimore, Md., Sec'y.

Psychology. Drs. Isaac Ray, Philadelphia, Pa., Chairman; John Curwen, Harrisburg, Pa., Sec'y.

#### AMENDMENTS TO BE ACTED ON.

##### (To Constitution.)

*Resolved*, That the United States Marine Hospital Service be placed in the same relative position in the American Medical Association as the Medical Departments of the United States Army and Navy.

And that, in paragraph 2, of the 2d section, after the words "army and navy," the words "and the United States Marine Hospital Service" be inserted.

##### (To By-Laws.)

#### SEC. III.—Standing Committees.

That, instead of a report on Medical Education, on Medical Literature, and Climatology and Epidemic Diseases, there shall be annually delivered before the Association, at its general meetings, an address in Medicine, an address in Surgery, and an address in Midwifery, or the Diseases of Children, the lecturer to be appointed this year by the President; afterwards by the Committee on Nominations.

Also, in section 6, after the words "the chiefs of the bureaus of the army and navy," be inserted "and the supervising surgeon of the United States Marine Hospital Service."

Secretaries of all Medical Organizations are requested to forward lists of their Delegates, as soon as elected, to the Permanent Secretary.

WM. B. ATKINSON, M. D.,  
*Permanent Secretary,*

1400 Pine Street, Southwest corner of  
Broad, Philadelphia.

#### DR. EGGLESTON'S LETTER.

We call attention to the letter of our correspondent at Olathe, for the purpose of requesting an expression of the views of the profession of the State through

the columns of THE HERALD. In the object and purpose of Dr. Eggleston we heartily concur, and will do as much as any one in the direction of their accomplishment; but, as remarked in the last number of THE HERALD, we do not believe the remedy lies in legislation.

#### MINISTER TO CHILI.

The Government, in its wisdom, has seen fit to confer upon our fellow townsman, Dr. C. A. Logan, the position and trust of Minister to Chili. An intimate and close relationship with him, both professionally and socially, for fifteen years, enables us to testify to his sterling qualities as a man, and to his high professional attainments. He was one of the originators of the MEDICAL HERALD, and for four years stamped the impress of his genius upon its pages.

While the profession of the State will lose one of its brightest ornaments, and this community one of its most valued citizens, the Government will obtain an officer of sterling integrity, high culture and rare ability.

Farewell, old friend! our kindest wishes go with you wherever your lot may be cast.

#### OVARIOTOMY.

On the 24th of March, at Tonganoxie, Dr. Dunlap, of Springfield, Ohio, assisted by Drs. Thomas, Brock and Jones, of this city, and Drs. Coffin and Mitchell, of Fairmount, performed the operation of ovariectomy upon Mrs. V—. The tumor weighed 42 pounds; was multilocular, and was extensively adherent to the omentum and the walls of the abdomen. The pedicle was very short. The time occupied in performing the operation was fifty minutes, a delay of thirty

minutes in closing the wound being occasioned by the sanguineous oozing, resulting from the rupture of the extensive adhesions.

Dr. Dunlap adheres to the original method of treating the predile adopted by Dr. McDowell: that of ligating it with a silk ligature, and bringing the ends out at the most dependent portion of the wound, thereby preserving an outlet for drainage. This is the first operation of the kind ever performed in this State, and the seventy-second by this surgeon, with thus far a loss of but fifteen. At the present writing (March 27th) the lady is comfortable and cheerful, with every prospect of a complete and rapid recovery.

#### MISSOURI STATE MEDICAL ASSOCIATION.

The meeting of this Association will be held at Moberly, Mo., beginning on Thursday, May 1st. The Committee of Arrangements consists of Drs. J. C. Tedford, J. T. Cox, and G. W. Broome, all of Moberly.

The St. Louis, Kansas City & Northern Railroad Co. will issue to delegates return tickets from Moberly at one-fifth the usual fare. It is believed that the Hannibal & St. Joseph Railroad Co. will do the same, though they have not yet given a reply.

E. W. SCHAUFFLER, M. D., *Sec'y*,  
Kansas City, Mo.

[The date of the meeting was changed by the President in order to accommodate those who may desire to also attend the meeting of the American Medical Association at St. Louis on the 11th of May.]

#### Miscellany.

FOR the accommodation of our subscribers, we have established an agency for the supply of medical books. Upon the receipt of the publisher's price, we will forward by mail, post-paid, any medical work published in this country. All remittances should be by draft, postoffice order or registered letter.

PROF. HUGH L. HODGE, of Philadelphia, died February 26, 1873, in the 77th year of his age. He was a native of Philadelphia, and for twenty-eight years filled with distinction the chair of "Professor of Obstetrics and Diseases of Women," in the University of Pennsylvania.

THE Supreme Court of Massachusetts has recently decided in reference to the Massachusetts Medical Society, "that the trial and expulsion of members is something within the jurisdiction of the Medical Society, and that the Supreme Court cannot interfere by injunction with the exercise of that jurisdiction on account of alleged errors in the proceedings." The decision in this case is probably applicable to all Medical Societies, and is important as it determines the powers of such organizations in reference their control over their own membership.

THE sixth volume of *Scribner's Monthly* opens with the May number. The following classical quotation, from high authority and of great antiquity, is peculiarly appropriate: "*This is the time to subscribe.*" The pleasure we have derived from reading this excellent monthly warrants us in recommending it in the highest terms. Price \$4 per year.

# THE MEDICAL HERALD.

VOL. VI.

MAY, 1873.

No. 11

## Original Communications.

### VARIOLA.

By H. K. KENNEDY, Topeka, Kansas.

[Read before the Kansas State Medical Society,  
April 9th, 1873.]

Variola, than which no more fearful disease has preyed upon the human family in the past year has mocked our progress in medicine, and humiliated us as a profession, with the fact that the per cent. of deaths from it has been fully as great as it was any time in the last century.

As if to avenge itself for the wrong done it by Jenner, when he taught that vaccination is a prophylactic for small-pox—it has scourged all our cities, and spared but few of our towns. From Philadelphia the frightful intelligence comes that three thousand deaths in the past year, in that city, were from small-pox alone. In the coal regions of Pennsylvania this disease is sweeping the miners away without let or hinderance. Boston, Philadelphia, Baltimore, Richmond, Charleston, Nashville, St. Louis, Chicago, and scores of towns of less importance, are all helping to swell the grand total of deaths from this most horrible of all diseases, till we must bow our heads and acknowledge, in shame, that our profession attains no better results to-day than did the profession a hundred years ago.

Paint, color, or avoid the truth as we may, the humiliating fact will remain the same, that in the past year, of all cases

of small-pox in the United States, at least twenty-five per cent. have died.

I propose to give a brief sketch of this epidemic as it appeared in Shawnee county—its introduction and history.

In November S. H., who lived in Wabunsee county, returned home from St. Louis; the same week was taken sick, for which he “doctored” himself for several days, and finding himself no better, he then sent for a physician, who diagnosed the case bilious fever. Before the physician made his third visit the patient died—died upon the eleventh day of his illness. Ten days after the death of H., his nurse R. was taken with a severe headache, pain in back and fever. As he lived twelve or fourteen miles from a physician, he made to Silver Lake, a village on the Kansas Pacific railroad, twelve miles west of Topeka, and took a room with a gentleman who combines the selling of goods with the practice of medicine, and his residence is over his store. The day after R. arrived at Silver Lake, the eruption of small pox made its appearance, where he died upon the twelfth day of his illness. The same week of his death, the merchant's clerk took the disease, and was removed to a pest-house, established by the county. Eleven days after the death of R., T., who assisted in burying him, was attacked, and died on the thirteenth day. Of three hired men at T.'s place, all were attacked, one of whom died on the eleventh day. Another man, W., who was in Silver Lake the day R. was buried, purchased a suit

of clothes in the store, but after imbibing freely of whisky at the various places in the village, returned home without the clothes. Twelve days afterwards he was attacked with small-pox, and died upon the thirteenth day of his illness. The family with whom he lived, (consisting of seven members) all escaped, notwithstanding the house in which they lived contained but one room.

Mr. O., who purchased an overcoat at the store in Silver Lake, carried his little girl to school in it—she took the disease but recovered. Her sister was next attacked, and died upon the tenth day of her illness. G., who assisted in burying Mr. O.'s daughter, took the disease, and died upon the thirteenth day of the attack. A negro man purchased some articles in Silver Lake; returned to Mr. E.'s, where he was living; ten days afterwards was taken sick; remained at Mr. E.'s till the tell-tale eruption of small-pox peeped through the skin covering the forehead, when he was *immediately* removed to the pest-house, and died upon the eleventh day of his illness. Mr. E.'s family, eight members, all took the disease in different degrees from the mildest varioloid to the most malignant confluent form, all recovered. In Mr. C.'s, there were four children and a nephew, all adults, all of whom took the disease; the nephew and three children died, all deaths occurring before the fourteenth day. Mr. W.'s family, consisting of himself, wife and five children, took the disease; the wife and four children died; the wife and two children had no eruption to indicate the disease; for some cause there seemed to be a want of vitality in these cases which kept the disease from fully developing itself. As their home was on the bank of a large pond, known as the Lake, I

attributed this want of vitality to malarial poison in the system. Whatever the cause may have been, the fact remains the same, and cannot be controverted; that Mrs. W. and her two children died of varioloid, although the characteristic eruption of that disease was not perceptible, either to the sight or touch, and there can be no doubt that this wide-spread epidemic in the county, originated from the case of H., who died without small-pox eruption ever manifesting itself; yet that he had small-pox is proved beyond a doubt, by the fact that R. who nursed him took the disease, although he had not been off the farm upon which he lived for over one month. Another fact: B., who shaved A. and prepared him for the grave, was attacked with the disease five weeks afterwards; B. died upon thirteenth day of his attack. Here we have another anomaly in this disease—an attack five weeks after exposure. You say this is contrary to your preconceived ideas of small-pox. I cannot help that; am only reporting facts as they occurred in my practice in the past winter; do not pretend to explain the causes; leave that for the curious in these matters. The disease kept spreading east till it made its appearance in Topeka, in the family of Mrs. P. Two children had the disease, one of whom died. An elder sister, out at service, after visiting her home, spent the evening at T.'s; the husband took the disease, and died on the thirteenth day. The wife and six children, all were attacked, none of whom died. The son of the family with whom Mrs. P.'s girl took the disease, died upon the thirteenth day. The father was next attacked; had a slow recovery; the mother, who was exposed, escaped; had been revaccinated a few



weeks before. Through the carelessness of a nurse, the disease spread into many families. In the city pest-house, of which I had medical charge, there were in all thirty-six cases, with a loss of four, two of whom died within thirty hours after coming under my care. The total number of cases in the county was one hundred and five, of whom twenty-six died. A confluent case—Mrs. B. had the disease the second time, having had it twenty years before. Of the one hundred and five cases, sixty-five had been vaccinated—only twenty-three re-vaccinated, and forty cases not vaccinated at all. Of the twenty-six cases proving fatal, only five were ever vaccinated, and three out of the five revaccinated.

One man, twenty days after vaccination, which worked well, passed through the various stages to maturity, took the small-pox in the most malignant form, of which he died upon the fifteenth day of his illness. A second case was attacked forty days after a successful vaccination, with malignant confluent small-pox—recovered. I report the two above cases, not for the purpose of weakening vaccination, but report them because they are facts, exceptions to the well-established, general rule, that vaccination is a preventive of small-pox. No fact is better established than there are persons who are so susceptible to the poison of small-pox, that one attack of the disease is no immunity against a second, or even a third attack. We certainly have no right to expect vaccination to be a better preventive of small-pox than an attack of the disease itself. I cannot account for this idiosyncrasy in certain individuals any more than we can tell why vaccine virus should remain dormant in the arm for several weeks, then become active, and pass through

the various stages of a successful vaccination. Dr. Wyman reported two such cases to the Shawnee county Medical Society. In the one the virus had remained nearly six weeks, then became active; in the other, four weeks elapsed from the insertion of the virus till it began to work.

Every epidemic has its lessons for us if we will only heed them. The great lesson taught by this one is the truth of the doctrine advocated by Jenner, that vaccination is almost a certain preventive for small-pox; also the importance of revaccination, as well as that we must learn to distinguish between the true and spurious vaccination. My observation in the past winter has taught me to place no reliance in virus from a *revaccination*, especially as a preventive against an epidemic so malignant as the one we have suffered from here. Vaccination is trifled with, with most physicians, if it takes, as they express it in common parlance, it is sufficient. There is a deplorable ignorance in regard to this subject among physicians as well as the laity. When in the legislature the late Dr. Copeland, of Osage Mission, pressed a bill requiring all children attending public schools to be vaccinated by a regularly educated physician. Dr. Johnson, of Miami county, not one of that sort, very contemptuously replied: "It is all folly to require anything of the kind. A child falling upon a piece of glass can vaccinate itself if the glass has vaccine virus upon it." "Aye, if the glass has any virus upon it." It was well said; but does it not require some knowledge on the part of the vaccinator to distinguish between the true and false vaccination; it certainly does. During the past winter, when vaccination was the order of the day in Topeka, (as each vaccination brought a dollar to

the vaccinator) virus was procured from all sources; many physicians made no difference between that from a primary and a revaccination; a result of this carelessness was to weaken public confidence in vaccination, notwithstanding the average per cent. of deaths from small-pox in this country in the past year, has been at least twenty-six. Every medical journal, falling from the press, contains an article, the writer of which claims the honor of having discovered the means by which this Samson, which is slaying its thousands, may be shorn of its power to destroy. To-day the sulphytes are a specific; to-morrow xylol, next cohosh, and so the change is rung from one article to another in the materia medica. Still specifics, to the contrary notwithstanding, this pestilence is sweeping thousands of our fellow-citizens into the grave. Only a few days ago the glad tidings of great joy was published to the world by a member of this society, Dr. J. P. Root, United States Minister to Chili, South America, that he had discovered a certain specific for small-pox. A specific very simple indeed—only to convert the stomach of patient into a crucible for the manufacture of chloride of lime—only this, and nothing more is necessary to disarm small-pox of all its terrors. The Dr., in language most vivid, describes his own case: "I was attacked very violently with symptoms of the gravest nature, being those of the "confluent," "hemorrhagic," "scarlatinous," and "erysipelatous" character. Feeling the soreness of the throat increasing, counting the pulse as it gradually rose from its natural beat to ninety, one hundred, one hundred and ten, one hundred and twenty, one hundred and thirty, one hundred and forty, and more, with drops of

blood oozing from the mucous surfaces and hemorrhagic spots appearing here and there on the surface of the body; with the skin, especially of the face and head, becoming more and more tumefied; with erysipelatous engorgement every hour; with intense febrile excitement steadily increasing, and being certain that speedily the brain would refuse its normal work, and hopeless delirium ensue." That the Doctor recovered as he did is evidence enough that he had simple non-malignant small-pox. Iron muriate tincture and prepared chalk, given alternately, is the talisman by which the Doctor disarms small-pox of its terror. As he says, the two form chloride of lime, and it is this latter which neutralizes the poison of variola. As it is well known that chloride of lime fails to destroy the infection of variola, it must be powerless to neutralize the poison in persons affected with the disease. As the fact is well demonstrated that boiling water will destroy the infection of small-pox, why not fall back upon the McElroy treatment, boiling water as a specific for small-pox. We cannot deprecate the so-called specifics enough, especially specifics for small-pox; they are the will-o'-the-wisp which allure so many men of our profession from the plain of practical, common sense to fanciful theories wove by gentlemen more fitted for poets than practitioners of medicine. If our country would be free from this terrible scourge, it must not depend upon specifics, but upon vaccination, as taught by Jenner, and by the way this epidemic has impressed upon us the importance of compulsory vaccination, for in that lies the safety of our people from another visitation like the present one, and not in specifics, although gentlemen tell us that they have discov-

ered specifics for this disease, so none need die from it. The reputation of the so-called specifics, depends upon their being given to patients with non-malignant small-pox,—patients, the most of whom would recover if not treated at all. And every patient having malignant small-pox will die if treated by any specific ever heard of. When gentlemen find a specific by which they can save fifty per cent. of malignant small-pox, then they may claim a great honor indeed. In the meantime if they wish to astonish the world, they had better search for the elixir of life, worry their brains in quest of the philosopher's stone, or try their hand upon perpetual motion, but for the love of suffering humanity say nothing about small-pox specifics in this day, when so many are dying from that disease.

My treatment was systematic, as I regard it as the only rational treatment for small-pox. Each patient was treated according to symptoms, or each symptom in each patient was treated by the remedy indicated.

A few weeks ago we read in the *Philadelphia Medical and Surgical Reporter* a translation from the German, of vinegar as a prophylactic for small-pox. I regret very much that I knew nothing of this till near the close of the epidemic in Shawnee county, as my opportunity for fully testing it had almost passed away before I became acquainted with the claim set up. You who read the article alluded to, will remember the author failed to say how many of the persons treated with vinegar had been protected by vaccination. Mr. Boyle's family, consisting of wife, four children and her brother, were all exposed to small-pox, the husband having it in the most malignant form; all were vaccinated.

Four days after they were first exposed, I ordered vinegar for them all, as recommended by the writer alluded to. The children and brother all took the disease—three mild varioloid, and two small-pox distinct. The vinegar seemed to have no control over it; the disease was modified, as we might expect, by the vaccination. Whether vinegar is a prophylactic for small-pox is a question to be settled by the profession.

### TYPHO-MALARIAL FEVER.

By W. L. SCHENCK, M. D., Osage City, Kansas.

[Read before the Osage County Medical Society.]

In reporting upon Typho-Malarial Fevers, your committee beg leave to offer a few general remarks upon the typhoid condition.

Animal heat is due to the vital and chemical processes, resulting in the oxidation of nitrogenous and carbonaceous matter furnished to the blood by the food and tissues, and the proceeds of this oxidation are eliminated as carbonic acid gas, urea and uric acid. The oxidation of carbon is effected by the blood corpuscles, whilst the albumen is changed into urea and uric acid in its passage through the gland cells. Whenever vital metamorphosis is increased, there is a corresponding thermal elevation, and an augmentation of the products of metamorphosis, which are eliminated by the glands, chiefly through the liver and kidneys. The increased consumption of fat is evinced by the increased elimination of carbonic acid, and the destruction of albumen, by the increased excretion of urea and uric acid. The exception to this is when the products of metamorphosis are retained in the circulation. In health the amount of excreta is regulated by the food, but in

fever it is out of all proportion to the injeſta, and is furniſhed by the fat and the albumen of the muſcles, brain and nerves breaking down into circulating albumen, and in turn being transformed into nitrogenous excreta, and the exceſſive deſtruction of tissue in the breast, as well as elsewhere, will account for the weakened condition of that organ and the capillary ſtagnation ſo common in continued fevers, and in part for their low delirium and enfeebled nervous action.

In continued fevers all parts of the ſystem waſte but the glands, whiſt from their increased duties they are often enlarged and conjeſted. Glands primarily diſeaſed, or becoming ſo from their increased labors, fail to eliminate the increased excreta, and albuminoid matter, more or leſs transformed into urea, is retained in the ſystem, giving riſe to uremic poiſoning, or *the typhoid ſtate*. At times this retained urea is thrown off in great exceſs, and what has been called "a critical diſcharge," followed by rapid improvement. We are not always able clearly to diſcern why this nitrogenous detritus is allowed to accumulate, but it ſeems dependent upon the condition of the large glands, and eſpecially of the kidneys, which condition may be chronic or dependent upon the existing diſeaſe. But whenever, from whatever cauſe, from the great exceſs of deſtructive metamorphoſis, from conjeſtion ariſing from overwork, or from previous diſeaſe, the glands fail to eliminate, and the circulation becomes polluted with the detritus of conſumed nitrogenous tissues, the typhoid ſtate, with all its perplexities and dangers, intervenes. The inflammations, ſo common to this condition, are chiefly due to the deposit of half deſtroyed albuminoid matters in

particular organs and tissues, while theſe reſults are favored by the capillary conjeſtions and enfeebled cardiac action, dependent upon exceſſive deſtructive metamorphoſis.

When delirium, ſtupor and coma are preſent in typho-malarial, or other diſeaſes, we are diſpoſed to attribute theſe ſymptoms to ſome ſpecific poiſon, producing the diſeaſe and acting upon the brain. In all diſeaſes with typhoid ſymptoms, as in typhoid, typhus and yellow fever, and in the ſecondary fever of Asiatic cholera, urea has been found in the blood and cerebral fluid.

In the advanced ſtages of many diſeaſes, whoſe cauſe and ſymptoms have been widely different, we have the ſame typhoid ſymptoms, clearly evincing that they are independent of the primary cauſe of the diſeaſe, and the reſult of ſecondary changes.

The typhoid condition of fever has nothing to diſtinguiſh it from the uremia of nephritic diſeaſe, except the fever. Are we not then warrented in concluding that typho-malarial fever only differs from the ordinary type in the accumulation of the detritus, eſpecially urea and uric acid, reſulting from the increased metamorphoſis of albuminoid matter?

The typhoid condition once obtaining, the nervous ſystem once hebetized by the accumulated poiſons, accumulating all the more rapidly becauſe the nervous influence neceſſary to ſecure organic action is no longer generated or transmitted, a low type of inflammatory action may be expected in thoſe parts moſt impreſſible by the retained detritus, and the organs unable to remove the existing products of deſtructive metamorphoſis, are yet more unable when they are increased by the ſuperadded inflamma-

tion, and the sleeping nervous system taking little notice of the inflammatory action, it hastens to a fatal termination.

Having thus briefly indicated the typhoid state, whilst we see the difficulties in the way of its removal, the *modus medendi* is clear.

We are to prevent its occurrence by avoiding all agents, and removing all causes that unduly depress vitality, and by keeping those organs which depurate the blood in working order, as any simple remittant action may, by depressing influences, and the accumulation of the detritus of metamorphosis lapse into the typhoid condition. When once present, we must arouse the sleeping, nervous system, relieve and stimulate to renewed action the congested and diseased glands, restrain excessive destructive metamorphosis, diminish pyrexia, counteract the periodic, and neutralize the typhoid poisons.

#### VALEDICTORY ADDRESS.

By W. W. COCHRANE, M. D., Atchison, Kansas.

[Delivered before the Kansas State Medical Society.]

Notwithstanding the truth of the axiom that "Man wants but little here below, nor wants that little long," it is even in this enlightened age and world of plenty requisite for any one to exercise every faculty to obtain this little, and such is the struggle and strife to attain it that unless effort is guided by philosophical, social government in its pursuit, it will in very many instances meet with signal failure. The masterwork of the creator of all things, man—the so-called lord of creation—is, during his early existence, the most helpless of all animals. Nude, he is the ugliest; physically, he is in proportion to his size the weakest. The only created thing endowed with that acme of creation, the mind, and yet

singly he walks through existence with more inconsistencies and contributes as little material aid to the perpetuity of the universe as any inanimate thing of like physical proportion. Isolated and selfish he would inevitably deteriorate to the more savage animal, and his mind uncultivated or untutored by his fellow-beings, would redound only to his own discomfort and ultimate destruction. The isolated, selfish man wanders through life scarcely half living during manhood, matures no mental comforts for old age, nor creates a star of hope to light him across the dark abyss which he must cross never again to return. But look upon him as a social being, giving aid and comfort to all about him—in proportion as he receives, so is he enabled to give; as he gives, so shall he receive—each pleasure and comfort he gives to his fellow-beings, leaves in its place an exhilarating influence upon the mind so that its continuous practice will free the mind from its gloomy shackles, will expand and purify it to a degree that it may be susceptible of the highest and noblest conceptions of nature as well as perfect it for the enjoyment of the most trivial incidents of life. A rational association with our peers, insures us a real enjoyment of the present, and gives us a fearless hope of the future. It will cleanse and cultivate the mind; will enable us to understand and appreciate human nature. The physician should, more than all others, habituate himself to this commingling with his fellow-beings, that the mind may be free to exercise charity as well as to comprehend his profession. He will find it requisite to possess himself of all the attributes of a gentleman; enabled to satisfy the demands of his social circle as well as to maintain himself in his profession.

With a medical education, constant study may assist in maturing theory, and enable him to satisfy all that he is well read, and has knowledge of his profession; but they alone will not enable him to answer all the varied calls at the bedside successfully. He will find it imperative to associate with medical men if he expects to retain that knowledge which will enable him to meet promptly the many varied phases of disease, many of which are so rare that any physician will have months to elapse from one case to another; and let him neglect the habit of talking and thinking medicine, and his mind will soon become occupied with other things to the exclusion of almost all the essentials of a ready practitioner. To the practitioner all things must appear well; success will surely be attained just in proportion as he is competent, and performs his duty to his patients and the community. The details of diagnosis and materia medica are far more voluminous and varied than those of civil law; and yet the lawyer must consult his books before he will venture to give an opinion on any case. The physician is debarred this knowledge. He is called in haste; must diagnose, prescribe or operate without reference, save to his memory. If he errs and loses his case, there is no appeal; a life is lost, and his reputation is injured with the whole community. Bed side derelictions are spread far more rapidly, and generally even among the intelligent than any error of a court of law. The community holds the physician responsible for an opinion; asks it to be given without hesitation. If he investigates a case thoroughly, and considers all the bearings, he is voted slow, and at once considered incompetent, and without even reflecting upon the probabilities of

an impure drug or an incompetent pharmacist. Attendants or patients will not only withhold that aid arising from faith often so very effective, but will at once conceive it their duty to denounce the unfortunate physician. The only surety we have of retaining a knowledge of the various remedies for diseases, is from conversation with medical men. We often learn something from those who know but little; and if we do not learn anything, a question asked will often remind us, and fasten upon the mind valuable knowledge, which otherwise would have been entirely forgotten. The physician has more than all this to do. He may, by becoming socially popular, by acting promptly and curing his patients, meet with partial success; and when there is but little competition, he may succeed with hard work in making a competence, but if he expects to amass something to support him in retirement, when it becomes necessary for him to yield to younger men, he will have to lend his energy and talent to the rescuing his profession from its present degraded position in the estimation of the public. The ignorant say that all doctors experiment and guess at the disease as well as the remedy, and their only aim is to keep the patient sick so that they may run up a bill; that they are guilty of as many tricks as those of any other trade. The intelligent say it would require a study of medicine to distinguish the quack from the physician, and as physicians offer us no other means of distinction, they are probably all alike, one as good as another. In the estimation of the whole community our profession has fallen to the level of a trade so low that it is entered upon by the student only as a last resort, and all are struggling to leave it as early as possible.

Effort has been expended for ages; laws have been enacted, and schools munificently endowed with eloquence and learning have flourished, and all have failed to elevate the profession to its justly merited standard. It rests upon the members of the profession to do this; we may whine before the legislature; we may grumble at the community; we may scoff at the incompetent, and abuse individuals, and still we will be mortified by our associates frequently passing us by and employing the verriest itinerant quacks. These evils can be remedied, and who is the member who would not lend his energy to the good work. We must lay before the public some practicable way of deciding who is the physician and who is the empyric. When they can do this the intelligent will employ the physician, and the ignorant will soon know and be ashamed to employ the quack; our members would no longer be suspected of being tricksters; our profession would be raised to a higher grade, and each practitioner would receive personal benefit from the change. We must create the criterion; we must agree upon a standard, acknowledged by one and all of us, by which we will recognize each other.

Organized co-operative effort is the most important element of the present progressive age. By acting upon this important principle, which has so rapidly utilized material heretofore supposed to be worthless, we can radically exterminate the scrofulous evil which has ulcerated and enervated our profession down to a mere skeleton. This co-operative action we can exercise in this association. Every member should attend its meeting regularly, so that it may become what it should be—an association of genuine physicians, competent to mature

a code of ethics as to guard its portals against the admission of any pretender, thus it would soon be known as the criterion by which physicians throughout the State would be known. Let each member when he returns home urge his colleague to become a member; let him at once set up the standard and reiterate that the members of this body are physicians, and that no other are known to be competent.

In a short time all who can produce satisfactory evidence of legitimacy will apply for membership, and those who cannot produce this evidence, will either not apply or be rejected. Then when it shall be known that all regular or competent practitioners concur in the statement that there are no legitimate practitioners in the State who are not members of the State Association, it will soon be known who are the meanest. We are frequently asked if a certain practitioner is a good physician? The question is an embarrassing one, and policy dictates an evasion. When we shall have adopted the standard, we can say at once that he is not a member of the State Society, and it will almost invariably be asked if this is the criterion? Thus will it be rapidly spread among the people, and then it will be settled in all communities who are authorized to practice medicine, and without the least doubt the great majority will employ only the authorized, as the most ignorant invariably prefer the competent to the incompetent, when they know which is the true and which is the false.

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THE *Nation*, a temperance paper, published in New York, had the following in its columns a few weeks ago: "For the effects of intemperance, see our inside.

## Society Proceedings.

### PROCEEDINGS OF THE KANSAS STATE MEDICAL SOCIETY,

AT ITS ANNUAL SESSION HELD AT FORT  
SCOTT, APRIL 29, 1873.

The Kansas Medical Society met in annual session, in the Monitor Reading Room, Fort Scott, April 9th, 1873, and was called to order at 2 o'clock, P. M., by the President, Dr. W. W. Cochrane.

Present—Dr. W. W. Cochrane, H. K. Kennedy, C. P. Lee, G. R. Baldwin, G. W. Haldeman, J. S. Redfield and D. W. Stormont.

The minutes of the last meeting were read by the Secretary, and approved.

The Treasurer being absent, Dr. Baldwin was appointed Treasurer *pro tempore*.

Drs. Lee and Redfield were appointed to fill vacancies on the Board of Censors.

Several gentlemen were proposed for membership, and their names were referred to the Board of Censors. Subsequently the Censors reported favorably on the following and recommended their election, viz: Drs. B. F. Hepler, Fort Scott; L. S. Sanger, Fort Scott; N. N. Horton, Fort Scott; J. C. Rudd, La Cygne; J. M. Carpenter, New Lancaster; O. S. Pine, Lyndon; S. E. Sheldon, Topeka; R. D. McDonald, Topeka; C. V. Mottram, Lawrence; J. W. Cormany, Fort Scott; A. C. Barlow, Fort Scott; E. C. Hays, Fort Scott; W. M. Shean, Gardner; J. H. Cushenbery, Girard; S. W. Garwood, Fort Scott; O. C. Bender, Fort Scott; G. L. Lewis, Atchison; W. M. Gough, Atchison; W. H. Warner, Girard. These gentlemen were all elected.

Drs. Baldwin, Kennedy and Haldeman were appointed the Committee on Nominations.

Drs. Stormont, Sheldon and Mottram were appointed the Committee on Publication.

Dr. Barlow was appointed to fill a vacancy on the Board of Censors.

The Treasurer's report was read by the Secretary, which showed seven dollars in the treasury.

On motion, it was referred to an Auditing Committee, consisting of Drs. Redfield, Sheldon and Carpenter.

The Secretary made his annual report and stated that the K. P. R. R. and the M. R., F. S. and G. R. R. had granted excursion rates of fare to the members attending this meeting. On motion of Dr. Kennedy, the thanks of the Society were tendered to the officers of these roads for this courtesy.

#### REPORTS OF COMMITTEES IN ORDER.

The regular Committees on Surgery, Obstetrics and Materia Medica were absent and had no reports.

The reading of the report on Practical Medicine, Dr. Haldeman, Chairman of the Committee, was deferred until this evening.

No reports ready from the Special Committees.

The Censors submitted the following

#### REPORT:

The Censors having investigated the charges preferred at the last annual meeting of this Society and examined the evidence against Drs. Eli Lewis and W. W. Rodgers, of Topeka, in the matter of their affiliating with John Homer, an advertising quack, find the truth of the said charges sustained, and we therefore recommend their expulsion from the Society, and that their names be stricken from the list of members.

GEO. W. HALDEMAN,

JNO. S. REDFIELD,

A. C. BARLOW,

C. P. LEE,

Censors.



On motion of Dr. Baldwin, the report was adopted, and Drs. Eli Lewis and W. W. Rodgers were expelled from the Society.

The Secretary, as instructed at the last meeting, reported the names of those members who are more than two years in arrears for dues.

On motion of Dr. Baldwin, they were ordered to be dropped from the roll by the Secretary, in accordance with the provisions of Section 4 of Article 4 of the By-Laws.

On motion of Dr. Baldwin, the Society adjourned until 7½ o'clock this evening.

#### EVENING SESSION.

The Society met as per adjournment, the President, Dr. Cochrane, in the chair.

Dr. Sheldon, of the Auditing Committee, offered the following:

The Committee, to whom was referred the Treasurer's report for the past year, beg leave to submit the following:

We find the report of the Treasurer correct, and recommend that Dr. J. W. Brock be authorized to retain the seven dollars now in his hands, and that an order be drawn on the Treasurer for eighteen dollars additional, the amount due him for publishing the transactions of the Society for the year 1872, as per order of the Society at that meeting.

S. E. SHELDON,  
J. S. REDFIELD,  
J. M. CARPENTER,  
Committee.

On motion of Dr. McDonald, the report was adopted.

Dr. Kennedy read a paper on Variola, giving a history of the late epidemic in Shawnee county. After extensive discussion of the paper, it was referred to the Committee on Publication.

Dr. Haldeman, Chairman of the Committee, read the report on Practical Medicine. Referred to the Committee on Publication.

On motion of Dr. Barlow, the thanks of the Society were tendered to Drs. Kennedy and Haldeman for their papers.

Dr. Baldwin, Chairman of the Committee on Nominations, submitted the following report, which was received and the recommendations adopted, as follows:

The next meeting of the Society to be held in Lawrence, on the third Wednesday in May, 1874.

#### OFFICERS FOR THE ENSUING YEAR.

President, Dr. H. K. Kennedy, of Topeka.

First Vice President, Dr. J. S. Redfield, of Fort Scott.

Second Vice President, Dr. T. Sinks, of Leavenworth.

Secretary, Dr. D. W. Stormont, of Topeka.

Assistant Secretary, Dr. A. Newman, of Lawrence.

Treasurer, Dr. W. W. Cochrane, of Atchison.

Censors, Drs. A. M. Wilder, C. V. Mottram, R. Morris, E. C. Hays and J. M. Linley.

#### REGULAR COMMITTEES.

Practical Medicine, Drs. D. C. Jones, O. S. Pine and A. H. Lanphear.

Surgery, Drs. J. W. Brock, S. E. Sheldon and D. W. McCabe.

Obstetrics, Drs. M. S. Thomas, R. D. McDonald and Francena R. Porter.

Materia Medica, Drs. W. B. Carpenter, W. M. Shean and C. P. Lee.

#### SPECIAL COMMITTEES.

Recent Advances in Physiology, Dr. A. Newman.

Recent Advances in Chemistry, Dr. T. Sinks.

Infantile Diseases, Dr. S. F. Neely.

Indigenous Remedies, Dr. J. V. Bryning.

Concentrated Remedies, Dr. R. Morris.

Venereal Diseases, Dr. J. W. Brock.

Uterine Hemorrhage, Dr. A. M. Wilder.

Delegates to the American Medical Association, session of 1874, Drs. D. C. Jones, T. Sinks, G. W. Haldeman, S. E. Sheldon, O. C. Bender and W. W. Cochrane.

On motion of Dr. Kennedy, each delegate is authorized to appoint a substitute in case he cannot attend.

The President, Dr. Cochrane, then delivered his valedictory address. Referred to the Committee on Publication.

On motion of Dr. Haldeman, the thanks of the Society were tendered Dr. Cochrane for his address, and for the courteous manner in which he has presided at this meeting.

On motion of Dr. Haldeman, the thanks of the Society were tendered Hon. Geo. A. Crawford for the use of this hall; and to the physicians of Fort Scott for their courtesy on this occasion.

After a general and lengthy discussion on cerebro-spinal meningitis, the Society adjourned to meet in Lawrence on the third Wednesday in May, 1874.

D. W. STORMONT, Secretary.

#### LIST OF MEMBERS.

Abdelal, A. G., Lawrence.  
Anderson, S. R., Grenada.  
Brock, J. W., Leavenworth.  
Baldwin, G. R., Fort Scott.  
Baldwin, M. O., Wamego.  
Bryning, J. V., Atchison.  
Berge, W. J., Atchison.  
Barlow, A. C., Fort Scott.  
Bender, O. C., Fort Scott.  
Cochrane, W. W., Atchison.  
Crook, J. J., Leavenworth.  
Crook, W. W., Mt. Pleasant.  
Carpenter, W. B., Leavenworth.  
Carpenter, J. M., New Lancaster.  
Cormany, J. W., Fort Scott.  
Cushenbery, J. H., Girard.  
Grimes, W. H., Atchison.  
Garwood, S. W., Fort Scott.  
Houston, L., Leavenworth.  
Haldeman, G. W., Paola.  
Hepler, B. F., Fort Scott.  
Horton, N. N., Fort Scott.  
Hays, E. C., Fort Scott.  
Jones, S. W., Leavenworth.  
Jones, D. C., Junction City.  
Kennedy, H. K., Topeka.  
Logan, C. A., Leavenworth.

Linley, J. M., Atchison.  
Lanphear, A. H., Atchison.  
Lee, C. P., Ossawattomie.  
Lewis, G. L., Atchison.  
Morris, R., Lawrence.  
McCabe, D. W., Wyandotte.  
Morse, F. D., Leavenworth.  
McDonald, R. D., Topeka.  
Mottram, C. V., Lawrence.  
Minnis, P. A., Topeka.  
Newman, A., Lawrence.  
Neely, S. F., Leavenworth.  
Porter, Francena E., Lawrence.  
Phillips, S., Leavenworth.  
Pine, O. S., Lyndon.  
Redfield, J. S., Fort Scott.  
Rudd, J. C., La Cygne.  
Sinks, T., Leavenworth.  
Stormont, D. W., Topeka.  
Stiles, L. P., Leavenworth.  
Shoyer, C. C., Leavenworth.  
Stuart, J. H., Lawrence.  
Speck, F., Wyandotte.  
Shean, W. M., Gardner.  
Sheldon, S. E., Topeka.  
Thomas, M. S., Leavenworth.  
Thomas, D. W., Leavenworth.  
Turner, W. E., Neosho Falls.  
Van Duyn, A. C., Leavenworth.  
Wever, J. L., Leavenworth.  
Wilder, A. M., Lawrence.  
Warner, W. H., Girard.

#### Bibliography.

Clinical Lectures on various important subjects; being a collection of the Clinical Lectures delivered in the Medical Wards of Mercy Hospital, Chicago. By NATHAN S. DAVIS, A. M., M. D., Professor of Principles and Practice of Medicine, and Clinical Medicine in Chicago Medical College. Edited by Frank H. Davis, M. D., Chicago; J. J. Spalding & Co., 1873.

The work before us consists of a collection, selection, and republication of clinical reports that have appeared from time to time in the *Chicago Medical Examiner*. But few men in our profession have toiled so long, so faithfully, so modestly, and so legitimately as N. S. Davis, of Chicago; and we are pleased to see the rich fruit of his experience garnered and preserved in an enduring

form. The only objection we have to express is concerning its brevity. We hope it will meet with so favorable a reception from the profession that the editor will be induced to soon issue a second and very much larger edition.

**Family Thermometry.** A Manual of Thermometry for mothers, nurses, hospitalers, etc., and all who have charge of the sick and of the young. By EDWARD SEGUIN, M. D. New York: G. P. Putnam & Sons, 1873.

Dr. Seguin's little book is wonderfully entertaining and instructive. If every mother would read it and follow its wise admonitions there would be a great decrease in infant mortality. While addressed more particularly to mothers and nurses, it is eminently worthy a careful perusal by every physician. The pedantic style of the author illy accords with the nature of the audience to which the article is addressed.

**The Mechanism of the Ossicles of the Ear and Membrana Tympani.** By H. HELMHOLTZ, Professor of Physiology in the University of Berlin, Prussia. Translated from the German by Albert H. Buck and Normand Smith, of New York. With twelve illustrations. New York: Wm. Wood & Co. 1873.

Prof. Helmholtz's essay is the most full and complete treatise upon the anatomy, physiology and mathematics of the internal ear that has ever been published. The translators have done their work well, and the publishers have presented the volume in admirable style.

WE acknowledge the receipt of a handsomely bound *Catalogue of the Trustees, Faculty, Officers, and of the Alumni of Bellevue Hospital Medical College*, from 1861 to 1871, compiled by F. A. Castle, M. D., historian of the Alumni Association, and preceded by a history of the college from its organization to 1872, by Leroy M. Yale, M. D., President of the Alumni Association.

## Editorial.

### THE KANSAS STATE MEDICAL SOCIETY.

The attendance upon the recent meeting of this body was not large, chiefly for the reason that the time was inauspicious, and we are pleased to note that the 4th of May has been selected for the meeting next year. May is the transition period from winter to summer, and generally in this State there is less sickness during this month than any other of the twelve.

We were exceedingly anxious to meet our brethren of Southeastern Kansas at Fort Scott, but the fates determined otherwise, and we submit without complaint. We have always doubted the propriety of making the State Society a peripatetic institution. The experiment, thus far, has been a failure, and we therefore suggest the propriety of localizing it for the next five years at least. There are several cogent reasons why it should have a permanent abiding-place, which we shall present at the next meeting of the Society.

The profession has reason for congratulation upon the success that has attended the meetings of the Society thus far in its history, and also for looking forward to a growth and useful prosperity commensurate, at least, with that of the State.

### TO SUBSCRIBERS.

The sixth volume of the MEDICAL HERALD will close with the June number. The success that has attended its publication warrants its continuance. We desire, if possible, to double its circulation this year, and therefore request all who wish the seventh volume to send their subscriptions by the first of July.

Every member of the profession in the State should not only take a copy, but also contribute articles for publication. No physician has ever risen to eminence in his profession who did not largely contribute of his stores of knowledge and experience through the medical periodicals of his time.

**RUGGED UTILITY.**—The chief characteristic of the medical profession in the west, has been termed "rugged utility." Elegant diction and rhetorical precision while proof of scholarly attainments add but little to the value of bald, naked facts. The lapidary, by judicious cutting and polishing, may make the diamond more brilliant and attractive, but he does not alter the nature of the stone. We sometimes receive communications from persons who are not intimately acquainted with Linley Murry, and we prefer to publish them just as received, provided they contain facts and observations of importance, rather than reconstruct the sentences, while at the same time we disclaim any responsibility either for the statements or the correctness of the syntax. However, where the facilities for acquiring a respectable education are so abundant and so cheap, a member of any of the learned profession is scarcely excusable for bidding defiance to the plainest rules of grammatical construction.

### Miscellany.

FOR the accommodation of our subscribers, we have established an agency for the supply of medical books. Upon the receipt of the publisher's price, we will forward by mail, post-paid, any medical work published in this country. All

remittances should be by draft, post-office order or registered letter.

**SURGEON MADISON MILLS**, U. S. A., died at Governor's Island on the 28th of April ult. He was one of the oldest surgeons in the army; a man of decided ability, and possessing rare social qualities. Almost every one in Kansas knew Dr. Mills, and will sincerely regret his demise.

A DISPATCH from Munich announces the death of Baron Justus Liebig, the celebrated chemist.

THE second lecture of the course instituted by the Toner Fund to encourage "the discovery of new truths" for the "advancement of medicine" was delivered in Washington, April 18th, by Prof. C. E. Brown-Segard. Subject: "Nervous Force: The Extent, Variety and Power of its Manifestations."

ATTENTION is called to the announcement of the "*Detroit Medical College*," in our advertising pages. This is one of the oldest medical colleges in the West, and one of the best.

*Scribner's Monthly*, for May, contains among other good things a remarkable article entitled "The Insanity of Cain." It is the most original and humorous thing we have seen since Mark Twain's lachrymation at the grave of Adam, and as a burlesque upon the plea of emotional insanity it is superb.

THE *Eclectic*, for May, contains a splendid portrait of one of the most conspicuous members of our profession, the poet, wit, humorist, scholar, and physician, Oliver Wendell Holmes.

# THE MEDICAL HERALD.

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No. 12

## Original Communications.

### PRACTICAL MEDICINE

By GEO. W. HALDEMAN, M. D., Paola, Kansas.

[Read before the Kansas State Medical Society,  
April 29, 1873.]

That it is characteristic of human egotism to exalt the age in which one lives as the most brilliant of ages, and the country of which one is a citizen as the greatest of all the nations of the earth, are propositions which I presume none will question. The old Pharisaism, so beautifully portrayed in the gospel, still continues to be a weakness of individuals as well as of nations. And yet a candid comparison, however imperfect, of the present with the past, can certainly not be offensive to the most virtuous modesty. Every one must know that the great *facts* of the nineteenth century stand out so conspicuously above the achievements of any preceding century, that it would amount to an affectation of humility not to recognize and speak of them.

For proof, we need not travel beyond the bounds of practical medicine and its collateral branches to discover the truth of the foregoing assumption. As members of the medical profession, we are justified, I think, in congratulating ourselves that we live and labor in the closing years of such an age, so prominent for the rapid advance which has been made in a knowledge of the means and a discovery of the appliances calculated to strengthen the claim of legitimate

medicine to be styled and recognized as a *science*, whose principles are fully as clearly established as are those of law or theology. While we freely admit the existence of some imperfections in the former, we think we have a right to claim for the science of medicine a parity and equality with the other professions and sciences in regard to certainty and importance; indeed, we can never hope to equal, much less to excel the latter, because of the intricacies, uncertainties and discrepancies which pervade them.

The annals of no other period, although medicine in some form has been cultivated from the earliest ages, by all nations and by all classes, furnish a counterpart. A common desire seems to pervade the minds of all its votaries, and a common enthusiasm to animate their purposes to maintain its honor and dignity, to exalt its standing, to extend the boundaries of its usefulness, and, by unwearied diligence, to avail themselves of every means to adorn its pages or to enrich its stores. Questions, too, of the same vital importance to the laity, have neither been neglected nor overlooked; but means looking to the prevention, as well as cure of disease, to the care and cure of the insane, the blind and the dumb, have been investigated and perfected, with a zeal and pertinacity that know no bounds. And as the good work goes, the mystic lore of ages, and the accumulated experience of the past centuries, as well as the rich experience of our forefathers of the earlier portion of the present century, are appropriate

and made tributary to the welfare of humanity.

Without stopping to inquire the time of day in the world's progress, recent investigations and discoveries are announced with electric speed, and published for the benefit of all—the professional and non-professional—in the numerous avenues for the distribution of knowledge. The discovery of a few days ago, instead of being hid under a bushel, or, like the one talent, buried in the ground, is at once made known through periodicals, monographs and books. No one who has taken upon himself the prerogatives and immunities of our vocation, should claim clergyable exemption from the duty which devolves upon the humblest, to at once contribute his mite, however trifling, to the common stock. Had Paracelsus, in some respects a great man, pursued this course, it is not likely he would have been styled “the greatest fool of physicians,” and the “greatest physician of fools.” He averred that he had discovered a panacea that would instantly cure all the diseases to which flesh is heir; and yet he died a drunkard and a sot, with a bottle of his “immortal catholicon” in his breeches pocket, with no one to mention “his name but to blame.” And how was it with the Chamberlins, who discovered the obstetric forceps, that great desideratum in midwifery? It so happens that little is known of these persons except their names; and they have deservedly sunk into comparative oblivion,” says Prof. Meigs, “that ought to overtake all those who, whether by accident or the possession of genius, come into the enjoyment of facilities that ought to be the common property of humanity, but who, instead of divulging them, and spreading their use and employment as far as the want

of them extends, are induced by a sordid thirst for gold to retain them within their own hands, and sometimes inhumanly permit the secret to perish with them, rather than give it all the publicity and currency which its importance entitles it to. Such, however, is the spirit of quackery and empiricism, under whatever guise or in whatever art; and the fate of the Chamberlins, whose history is almost forgotten already, is but a just retribution for their base reservation of so valuable a secret.”

But, to my mind, the best means by which to preserve the vitality and promote the progress of medical science are to be found in the prompt, free and liberal interchange of thought, observation and experience, between individual members of the profession. To advance this object the profession has been organized into societies, county, state and national; and who will dare to say that an untold amount of good has not been accomplished, to promote social feeling and to elevate the professional standard, when these organizations are established on a proper basis, and when all questions not germane to the science are resolutely excluded? Every one of us who knows by experience whereof he affirms, is convinced that meetings, such as those of the Kansas State Medical Society, are elevating and invigorating in their tendency. I need hardly say that thus physicians are once in a while, yearly if not oftener, lifted out of the deeply worn rut which routine, selfishness and prejudice always engenders, and which the circumscribed limits of their daily professional labors create. They are in this way, cooked in the crucible and tried in the fire, which rubs off the rust and separates the gold from the dross. And while we are thus forced to estimate our-

selves and our supposed attainments less highly, we are apt to have the satisfaction of knowing that we have been led to entertain a more kindly feeling toward our brethren and to imbibe an increased love for the work in which we are engaged and for the cause at large. We gain strength for ourselves individually and collectively; and by this we realize, moreover, that the cause is being strengthened, redeemed, regenerated and disenthralled.

Our experience in the benefits accruing to the cause in general by the foregoing means, justifies us in adopting the language of Prof. Gross, addressed to the Alumni of the Jefferson Medical College. He said: "The maxim that 'in union there is strength,' has long been recognized and acted upon by all classes of men, of whatever creed, interest or pursuit. In no other age of the world has its practical importance been more fully illustrated than in the present, emphatically an age of progress and improvement, far in advance of any that ever preceded it. Men massed together can accomplish in a day what single-handed labor cannot accomplish in a life time. All great efforts are achieved by co-operation and concert of action."

But although we have abundant cause for gratulation, that we are accounted worthy of being even *gleaners* in this propitious age, in this vast field, whose fruits are ripening under the cultivation of intelligent experience and enlightened observation, we have to confess that it is not all gold that glitters; that not all that has been advanced under the name and guise of science is worthy of credence, or that there are no hindrances to its onward march, even in this enlightened era of the world's history.

We should indeed be greatly in error

were we to conclude that, though knowledge of every kind is increasing, credulity is diminishing. I think there never was a period more dominant with delusions than the present, and never one when they were more wild and untenable. Our own country has hatched and given to the rest of the world Thompsonianism, Eclecticism, so-called, and a host of other *isms* too numerous to mention. On the other hand, Europe has been dealing out to us, with a lavish hand, an endless brood of *pathies*. And the *niciest* and *sweetest* of these is homeopathy, which, for pretentious vagaries, unblushing pretensions and unvarnished falsehood, has no parallel in this or any other age.

But the same cause is at the root of all delusions, and it would seem that there must be some "tub to amuse the whale." These moral epidemics—if they may be so termed—rage for a while, until the credulity which encouraged their growth is satisfied, when they sink below the horizon, to be succeeded in the lapse of time by others equally ridiculous, indefensible and unscientific.

Mankind must be *amused*, and if they will be, it is perhaps right that they should be *deceived*. This credulity seems to pervade all classes, and causes the same confidence to be reposed in the ignorant and mercenary pretender as in the skillful and learned physician, and batters down the distinction that should be made between science and empiricism, thus confounding the high-minded cultivator of a noble science with ignorant, groveling pursuers of a low trade. Hypocrites declares that "in the course of a long life, which had been devoted to the service of his fellow-men, and which had not been passed without some degree of

renown, he had been oftener blamed for misconduct than praised for success."

But is there no sunny spot in this clouded atmosphere of delusion—no encouragement in those cycles of follies and prevalence of credulity, to hope for future improvement? Is the human mind in the same enthralled condition as in former epochs? Far from it. In former times knowledge was confined to the few; and mystery, itself imperfect knowledge, pervaded the actions of those who pretended to minister to the necessities of their fellow men, while superstition and credulity alike tainted the learned and unlearned. A wide diffusion of information has dispelled the former, but for the latter, unfortunately, the human mind still affords a resting place. In other words, science is now freed from *superstition*, but we have many lamentable evidences that *credulity* still clogs its onward march.

Let us then avail ourselves of the privileges we possess, and animated by the noblest impulses, let us cordially cooperate to give to medicine a new direction, and aid in advancing those great improvements which its interests so imperiously demand. And even if we do not arrive at that point of absolute perfection, which has sometimes perhaps been so sanguinely predicted, we may at least "by infusing into the science the genuine spirit of reason and philosophy, render it richer in glory and more fruitful in benefits to mankind." Thus pursued, with an undeviating experience, we cannot fail to place medicine on a solid basis, never again to be convulsed by the revolutions of opinion or the vicissitudes of fashion.

To conclude, I have merely to add that "I know of no title more honorable than that of physician, and no ministra-

tion more worthy a loving soul than that which is constantly performed in chambers of sickness by those who practice the art of healing; and if we would be physicians indeed, practicing medicine according to the will of God, and knowing nature as the term implies, we must know the laws which his finger has inscribed for our guidance, not only on every structure of the human organization, but on all created forms, animate and inanimate, by which we are surrounded. This, it is true, involves the necessity for patient and laborious study in the light of medical philosophy. To those having the proper devotion, and following this light, success ultimately is secure; but ultimate and utter disappointment in reputation to those who follow the *isms* and *pathies*, which, like the will-o-the-wisp, shall only continue to mislead the ignorant and credulous, until all such deceptive lights shall fade away beneath the blazing sun of scientific medicine."

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## Society Proceedings.

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### PROCEEDINGS OF THE AMERICAN MEDICAL ASSOCIATION.

ST. LOUIS, Tuesday, May 6, '73.

The National American Medical Association assembled this morning at 11 o'clock, at Masonic Hall, corner of Seventh and Market streets.

The meeting was called to order by the ex-President of the Association, Dr. D. W. Yandell, of Louisville, who introduced Rev. Dr. Nicholls, who opened the session with prayer. Dr. Nicholls closed with the Lord's prayer.

The chairman then introduced to the Convention Dr. John S. Moore, one of the veteran physicians of St. Louis, who delivered the welcoming address.

The retiring President of the Association then introduced his successor, Dr.



Thomas M. Logan, the newly elected President, who came forward and took his seat.

Dr. J. B. Johnson, chairman of the Committee of Arrangements, made a few remarks in furtherance of the welcome extended by Dr. Moore. He thought that his predecessor had almost exhausted the subject, but he could not refrain from extending the congratulations of the committee which he represented to the guests of the St. Louis medical fraternity, but wished to add their hearty welcome to the one already extended.

The committee recommend that the general meeting be held each morning, in the main hall from 9 A. M. to 1:30 P. M.

Further, that the committees known as "sections" meet as follows: Section on Surgery, in main hall, and other sections on the third floor. Section on Materia Medica and Chemistry, in the exposition room. Section on Psychology and Medical Jurisprudence, in the "Entered Apprentices' room." Sections on the Practice of Medicine and Obstetrics, in the Master Masons' room. Exposition of drugs, chemicals, instruments, chemical apparatus and surgical appliances, in the banquet hall.

Dr. Logan now came forward and delivered the Presidential address.

The Local Committee reported the following arrangements for the pleasure of visiting members:

This evening there will be a *soiree musicale* at Mercantile Library Hall, commencing at 8 o'clock. A band has been engaged and arrangements made for refreshments. The wives and daughters of the physicians are expected to be present. To-morrow evening there will be held a *levee* at the residence of Colonel J. L. D. Morrison, corner of Locust street and Leffingwell avenue. On Thursday evening Dr. J. Woodward, U. S. A., of Washington, will, by special request of the Committee of Arrangements, deliver the Toner lecture at Masonic Hall. The announcement was received with great applause. On Friday afternoon the visitors will view Lafayette

Park, Tower Grove, and Shaw's Garden. Carriages to leave the hall at 2 o'clock.

A letter from Dr. Woodward, U. S. A., on the organization of the medical corps of the army, was made the special order for to-morrow. Dr. Moore, chairman of the Committee on Prize Essays, notified the committee to meet at his office at 3 o'clock to-morrow afternoon. An invitation was received from the St. Louis Mutual Life Insurance Company to visit their magnificent building. Chauncey I. Filley, postmaster of St. Louis, placed an elegant mail box in the hall and notified members that every facility would be afforded visiting delegates to receive and dispatch their letters without delay. [Applause.]

*Meeting of Sections.*—In the afternoon the Convention sat by sections, devoted to the consideration of the various branches of medical practice, and proceeded to discussions and reading of essays on topics pertinent to the several departments below named.

*Surgery.*—The meeting was convened at 3 o'clock. In the absence of the President, Dr. Warren, Dr. Lankford was elected to the chair; Dr. W. F. Peck, of Iowa, acted as Secretary.

Dr. Andrews invited the attention of the profession to the use of drainage tubes in cases of pyæmia, in connection with abscesses in the chest.

Dr. Gouley, of New York, complimented the use of Chassignac's drainage tube, preferring it to the pneumatic aspirator.

The subject was further discussed by Dr. Hughes, who referred to a novel method pursued by Dr. Stone, of New Orleans, in treating abscesses in the chest—taking out a piece of rib, and thereby furnishing an opportunity for permanent drainage—and remarks were also made by Dr. Jones, of Chicago.

The subject of consecutive dislocation of the elbow was brought up by Dr. Moore, of New York, and discussed by Dr. Allen, of Louisiana, and Dr. Andrews.

Dr. Gouley, of New York, introduced a new instrument employed in arresting

hemorrhage in cases where the peritoneum is divided, in cases of stone in the bladder and stricture of the urethra.

*Practice of Medicine and Obstetrics.*—The section met at 3 o'clock in the Grand Mason's room, Dr. O'Donnell, of Baltimore, in the chair, and Dr. W. Clark Secretary *pro tem*.

The subject of treatment of puerperal convulsions was first discussed. Dr. Hasham, of Delaware, advocated the old remedy, the lancet, expressing the opinion that chloral and its substitutes were quite inefficient. Dr. Catlin, of Connecticut, thought the lancet effective in apoplectic cases, but chloral, stramanium, bromide, etc., in anæmic cases. Dr. Helm reported a case where a patient lost 252 ounces of blood, and recovered. Dr. Hasham maintained that convulsions caused the death of the child. Dr. Montgomery, of St. Louis, advocated the lancet in old and apoplectic cases. Dr. Bean, of New York, and Dr. Gaines, of Alabama, participated in the discussion.

Dr. Seguin, of New York, then read an interesting essay on "Education of the Medical Senses," which was referred to the Committee on Publication.

Dr. Smith, of Iowa, made remarks on position in labor, reciting a case of lateral oblique corrected by gravity, and was followed by Dr. Maughs, of St. Louis, and one or two others.

*Psychology and Medical Jurisprudence.*—The hurry connected with arrival, and the practical interest attaching to the work of other sections, injuriously affected the attendance on this section, and only about a dozen delegates assembled in the Entered Apprentice's room, where the sessions are to be held. No organization was effected, and the meeting adjourned to next day. Several interesting papers on the medico-legal question of insanity and other kindred topics of great public interest, are said to be forthcoming.

*Materia Medica and Chemistry.*—In a room opposite that occupied by the Section on Obstetrics and Practice of Medicine, is an interesting exposition of materia medica and the chemicals, appa-

ratus, etc., used in medical practice. The room was only partly filled, but other articles will probably be exhibited in a day or two.

#### SECOND DAY.

The Convention was called to order this morning at 10 o'clock, Dr. Logan, of California, in the chair.

Dr. Atkinson, of Philadelphia, Secretary of the Association, read a communication from the Secretary of the Mercantile Library, inviting them to visit the Library rooms during their stay in St. Louis. The invitation was accepted.

The President directed that each State select a delegate to represent them on the Nominating Committee. The Secretary called the roll of the committee so constituted.

A special committee to report a plan for the better arrangement of "sections," through its chairman, Dr. Howard, of Baltimore, made a report, with a view to expedite business.

The committee suggested that all lengthy papers be referred to a sub-committee, to determine as to the advisability of bringing them before the sections; each section to have a sub-committee for this especial purpose.

Effective action was urged on the important subject of medical instruction. That all questions of a personal character, complaints, and on credentials, be referred to the Committee on Ethics without discussion. That the Committee on Ethics be constituted of not less than nine members, to be selected by the Nominating Committee, and to serve for three years. The following arrangement for sections was suggested in place of that now existing:

1. Practical Medicine, Materia Medica and Physiology.
2. Obstetrics and Diseases of Women and Children.
3. Surgery and Anatomy.
4. Medical Jurisprudence, Chemistry and Psychology.
5. State Medicine and Public Hygiene.

Dr. Davis, of Chicago, introduced an amendment to the By-Laws, that a council, consisting of twenty-one members,

shall take cognizance and decide all questions of an ethical or judicial character. This committee to be appointed by the Nominating Committee. After prolonged debate this amendment was voted down, when the report of the special committee was adopted.

From Dr. Gross, of Pennsylvania, an interesting letter was read. He stated therein his deep regret that he was unable to attend the present meeting of the association, and trusted that the meeting will be an uncommonly harmonious one, and that no outside or evil influences might be permitted to mar its deliberations. In conclusion he proposed certain changes in the laws of the association, so as to make it more of a scientific and less of a declamatory body than it has heretofore been.

Dr. Woodward, Assistant Surgeon U. S. A., and of the Surgeon General's Department, read a communication to the American Medical Association, signed by a large number of surgeons and assistant surgeons of the United States army, the argument of which shows that the medical staff of the United States army has not been placed on an equal footing with the other staff corps of the army as regards rank, that they have not had the same consideration shown them in this respect as has been accorded to the navy, and that the record of services of this meritorious body of officers entitles them to the same advantages that have been granted to others.

The Secretary read the following appointments made by the President to represent the American Medical Association to the British Medical Association: Drs. F. G. Smith, C. Wister, J. C. Cohen, of Philadelphia; Dr. E. Warren, of Baltimore; Dr. C. L. Ives, of New Haven; Dr. Edward Montgomery, of St. Louis; and Drs. F. Baker, E. Seguin and J. C. Hutchison, of New York.

The Secretary stated that commissions for these gentlemen would be made out at once.

Dr. Johnson, of St. Louis, Chairman of the Nominating Committee, made the following partial report:

Your committee suggest the following gentlemen for the various offices named:

President—Dr. J. M. Toner, District of Columbia; First Vice President—W. Y. Gadbury, of Mississippi; Second Vice President—J. M. Keller, of Kentucky; Third Vice President—W. C. Husted, of Missouri; Fourth Vice President—L. D. Warner, of Massachusetts; Treasurer—Dr. Caspar Wistar, of Philadelphia; Librarian—Wm. Lee; Committee on Libraries—Johnson Elliott; Secretary—Theodore A. McGraw; Committee on Arrangements—Dr. Brodie, Chairman; Jas. A. Brown, Morse Stewart, J. F. Noyes, E. W. Jenks, Henry F. Lyster, D. O. Farrard, Eugene Smith, all of Detroit; Committee on Prize Essays—Drs. J. K. Johnson, A. Sager, H. Hitchcock, of Detroit; E. Andrews, Illinois; E. S. Gaillard, Kentucky; Committee on Publications—Drs. F. S. Smith, W. B. Atkinson, D. Morrey Chester, of Pennsylvania; Wm. Lee, District of Columbia; Caspar Wistar, Pennsylvania; H. F. Askew, Delaware; Alfred Stille, Pennsylvania.

Detroit was named for the next annual meeting of the association.

The report was adopted.

Dr. Carson, of Ohio, read a very interesting and important report on medical education, which was referred to the Committee on Publication.

The committee on prize essays, of which Dr. John S. Moore, of St. Louis, is chairman, reported that only one such production had been received by the committee, which was not adjudged worthy of any of the prizes offered.

A report was read from the Treasurer of the Association, setting forth that there was a balance in the treasury of only \$450—owing to the heavy expense attending the publication of the proceedings of the last annual meeting.

Dr. Frederick Horner, Jr., United States Navy, offered a resolution that the American Medical Association appoint a committee of one member from each of the original thirteen States of the Union, to report to the Centennial Celebration on the medical, surgical and

biographical literature of the period of 1776.

As a tribute to Joseph Warren, Benjamin Rush, Arthur Lee, General Hugh Mercer, and other noble and patriotic physicians who aided to secure American Independence, the resolution was adopted.

Dr. Peck, of Iowa, introduced the following resolution :

In view of the fact that the reports of the Surgeon General of the United States army, as exhibited in volumes one and two of the first part of the Medical and Surgical History of the war of the rebellion, have received a too limited circulation by reason of an insufficient issue of the same by Congress ; therefore,

*Resolved*, That the President and Secretary of this association be directed to petition Congress at the next session in behalf of the profession, asking that the edition recently issued be reproduced in sufficient number to permit of general distribution to the members of the profession throughout the country.

*Resolved*, That the thanks of this Association are due and are hereby tendered Congress for aiding thus far in developing and presenting to the profession the reports of the Surgeon General, as herein specified.

*Resolved*, That the thanks of this Association are hereby tendered the officers of the United States army who have by sacrifice and labor been instrumental in placing before the profession the valuable information contained in volume 1 and 2 of the first part of the Medical and Surgical History of the war of the rebellion.

Carried unanimously.

This evening, at eight o'clock, Col. and Mrs. J. L. D. Morrison will receive the delegates of the American Medical Association at their elegant mansion, corner of Locust and Leffingwell avenue.

Dr. Toner submitted some valuable statistics concerning medical societies and institutions in the United States. There are four hundred and five of the former, and one hundred and seventy-four medical hospitals, besides eighty-two public hospitals, treating 144,750 patients annually.

The different sections into which the convention is subdivided, to consider separately the different branches of medical science, met at 3 o'clock, and were all well attended.

The meeting was presided over by Dr.

Andrews, of Chicago, Dr. Peck, of Iowa, acting as Secretary.

Dr. Lathrop, of Lyons, Iowa, read a paper on the treatment of bunions, referring to new apparatus and improved modes of treatment.

The discussion was confined almost exclusively to this subject, and comprised remarks by Drs. Moore, of Rochester ; Brady, of Princeton ; Miles of Indiana ; Lucas, of Illinois ; Chambers, of Illinois ; Branson, of Massachusetts, and others.

*Practice of Medicine and Obstetrics.*—The chair was occupied by Dr. O'Donnell, of Baltimore, Dr. E. W. Gray, of Bloomington, Ills., acting as Secretary.

In response to the President's call, no papers were presented, and, on motion of Dr. Gray, a request was made that all papers belonging to the section be placed in the hands of its officers.

Dr. Todd, of Kansas City, addressed the section on the subject of physiological anomalies in the configuration of the bony and soft walls of the pelvis as a cause of retardation in labor.

The points of the paper were reviewed by Dr. Hollister, of Illinois, who also made some remarks on secondary hemorrhage after delivery.

The time having arrived, Dr. Drisdell, of Philadelphia, read his paper on the microscopical appearance of ovarian tissues in the course of which he announced the discovery of a new cell which he denominated the ovarian granular cell. The paper was referred to the Committee on Publication.

Dr. Howard presented a memorial paper by an absent member, on medical education, which was referred to a special sub-committee, consisting of Drs. Howard, Pallen and Todd.

General remarks of a practical character were made by Dr. Garrie, of New York, and others, continuing until nearly 5 o'clock.

*Psychology and Medical Jurisprudence.*—This section met in the Session hall of the convention, Dr. Comegys, of Cincinnati, in the chair ; Dr. Hazard, of St. Louis, Secretary.

On invitation of the section, Dr.

Hughes, of St. Louis, read a paper entitled "Brain Diseased and Mind De-ranged," advocating the peculiar physiological views he has set forth in the medical society. The paper was listened to with close attention, and was apparently received with considerable favor.

Dr. J. B. Hough, Professor of Miami Valley Institute, read an interesting and strongly original essays on "New Methods of Experimentation in the Problem of Spontaneous Generation."

### THIRD DAY.

The delegates re-assembled this morning at half-past nine, in the main hall of the Masonic building. The attendance was fully as large as on the preceding day. Dr. Logan in the chair, with Dr. Atkinson as Secretary. Dr. O'Hagan, of North Carolina, and Dr. Paul F. Eve, of Nashville, were added to the committee to visit foreign medical associations. A letter was read from Dr. Eve, regretting his forced absence from the present meeting.

The Chairman of the committee on Nomenclature of Diseases submitted the following report:

In accordance with the resolutions appended to the minority report of the committee, adopted by the association at its last meeting, one thousand extra copies of the proposed nomenclature were printed in pamphlet form, and distributed to the profession and to the various medical journals, both at home and abroad; and that such criticisms and suggestions as would represent their opinions as to its merits and fitness were invited from those receiving it. To this invitation not a single response has been made by medical journals, and but from two practitioners, the latter being such additions as in the judgment of these gentlemen would render the work more complete, but which in the judgment of the majority describe conditions, which none but a specialist could recognize. From this statement of the results of a year's consideration of the proposed nomenclature, the conclusion may be drawn that the profession are satisfied with the work. Your committee are not

willing to entertain the only other conclusion, that men of culture and practical men are indifferent upon a subject of such importance; they therefore again present the resolution appended to the majority report and ask for its adoption:

*Resolved*, That the report of the Committee on the Nomenclature of Diseases be referred to a special committee of five members, to be appointed by the President, who shall examine it and report upon its final disposition at the present meeting of the Association.

*Resolved*, That on the favorable report of such committee, it shall be referred back to the Committee on the Nomenclature of Diseases for the preparation of an index to be published with it, in the forthcoming volume of the transactions.

Dr. Woodward, U. S. A., spoke against the adoption of nomenclature presented by the majority, setting forth the errors and short-comings; and on his recommendation the following resolutions were adopted:

*Resolved*, That in the opinion of this Association it is inexpedient to adopt the nomenclature and classification presented by the majority of the Committee on Nomenclature at the meeting at Philadelphia.

*Resolved*, That a committee of three be appointed by the President, whose duty it shall be to communicate the foregoing resolution to the proper committee of the Royal College of physicians of London, and to negotiate for the representation of the American Medical Association in the first decennial revision of their nomenclature.

On motion of Dr. Toner, of Washington City, the following resolution was adopted:

*Resolved*, That in the opinion of this Association it would be an excellent opportunity, at the American Centennial in 1876, for an International Medical Congress to consider, and if practicable, to adopt a uniform classification and nomenclature of diseases, to be used by the profession throughout the world.

The President read the letter from Dr. R. R. Storer, at present at Mentone, in the Mediterranean, asking the Association to appoint a committee to compare the American and foreign winter cures. The letter was referred to the Nominating Committee.

Dr. Kellar, of Louisville, offered the following resolution:

*Resolved*, That the sum of \$500 be appropriated as an honorarium for the services of the permanent Secretary during the present year, provided such an amount remains in the treasury after paying necessary expenses.

Dr. Bell, of Brooklyn, New York, offered the following resolutions:

*Resolved*, That in the judgment of this Association the establishment of a National Sanitary Bureau, with relations to the general government, similar to those of the Bureaus of Agriculture and Education, is highly desirable as a means of promoting sanitary science and the protection of the public health.

*Resolved*, That this Association request of the United States Educational Bureau to so extend the scope of its inquiry as to include vital diseases and mortuary statistics in relation to local, meteorological and geological influences, and to disseminate the information so collected throughout the country.

After considerable debate, these resolutions were referred to the Committee on Public Hygiene and State Medicine.

The hour of eleven having come around, special business was in order, and the report of special committee was called, to present suggestions on the question of medical education.

Dr. Pollock, of Pittsburg, read the following report:

The Committee appointed by the President, at the last meeting of the Association, to take into consideration the propriety of adopting the suggestions of the Committee on Medical Education, are fully impressed with the importance of the subject, and acknowledge the value of the suggestions offered. But we believe it wholly impracticable to carry into operation any law which does not meet the hearty approval of diverse interests connected with the teaching and practice of medicine, and while we have no doubt that this Association has grown to be a power in the profession, felt and recognized by all, yet to make their power effective, its decisions should be calm and deliberate. Therefore, your committee, after due deliberation, have concluded to recommend the adoption of the conclusion of the report of the Committee on Medical Education, which is as follows: That a congress, composed of two members from each State and Territory, and one from each recognized medical college, all to be members of this Association, be appointed (or nominated by the Nominating Committee) at this present session. That said committee, or congress, shall meet three days previous to our next annual meeting, and that said committee, or congress, shall perfect a plan for some uniform system of medical teaching, which, when

adopted by the Association shall be the only recognized method of medical teaching in the United States. •

This report was referred to the Committee on Nominations; then after a long debate, brought back and laid on the table.

The following amendment to the Constitution of the Medical Association, as to its relations with the United States Marine Hospital service, proposed by Dr. Hartshorne, of Philadelphia, at the last annual session of the Association, was brought up and referred to the next year's meeting. Its purpose is to place the United States Marine Hospital service in the same relative position in the American Medical Association as the Medical Departments of the United States Army and Navy.

It was resolved that the next annual meeting, to be held at Detroit, commence on the first Tuesday in June, as it will be too cold in that locality to assemble together early in May, as usual. •

*Election of Officers.*—The following amendment to the Constitution was proposed and laid over, under the rule, for one year:

*Resolved*, That Article 12, of the Constitution be amended as follows: Strike out the second clause of the first paragraph and insert "They shall be nominated by the Judicial Council and shall be elected by vote on a general ticket."

The Committee on Nominations, after a prolonged absence, returned and reported as follows through the chairman, Dr. Johnson, of St. Louis:

*Chairman and Secretaries of Sections for 1874.*—1. Practice of Medicine, Materia Medica and Physiology—Dr. N. S. Davis, of Chicago, chairman; and Dr. Frothingham, of Ann Arbor, Michigan, secretary.

2. Obstetrics and Diseases of Women and Children—Dr. Theo. Parvin, of Indianapolis, chairman; and Dr. Montrose A. Pallen, of St. Louis, secretary.

3. Surgery and Anatomy—Dr. S. D. Gross, of Philadelphia, chairman; and Dr. Alonzo Garcilon, of Maine, secretary.

4. Medical Jurisprudence, Chemistry and Psychology—Dr. A. N. Talley, of

South Carolina, chairman; and Dr. E. L. Howard, of Maryland, secretary.

5. State and Public Hygiene—Dr. A. N. Bell, of Brooklyn, chairman; and Dr. A. B. Stuart, of Winona, Minnesota, secretary.

*Resolved*, That the Secretary of the Association be authorized to fill up all vacancies in the Committee from the States and Territories.

Also, that Dr. A. N. Bell be President, and Dr. A. B. Stuart as Secretary.

*Committee on Necrology*.—Chairman, Dr. A. Sager, Ann Arbor, Michigan, and committee remain as last year, excepting Dr. Alonzo Garcilon, of Maine, in place of Dr. D. McReese, deceased.

*Judicial Committee*.—Three years—Dr. Brodie, Mich.; N. S. Davis, Ills.; E. L. Howard, Md.; Wm. O' Baldwin, Ala.; Dr. Dean, N. Y.; J. P. Logan, Ga.

Two years—L. S. Joynes, Va.; R. N. Todd, Ind.; Askew, Del.; J. E. Morgan, D. C.; Daniel Lillie, N. J.; S. N. Benham, Pa.; Dr. Dunlap, Conn.

One year—Dr. Bartlett, Wis.; Powell, Ills.; Gale, Ky.; Moses, Mo.; Hughes, Iowa; Bemis, La.; Cheever, Mass.

*Special Committee*.—Dr. H. R. Storer, Boston, Mass., chairman of committee to report on American as compared with foreign Winter cures.

The report was adopted by the Association *in toto*.

Adjourned to meet in Detroit on the first Tuesday in June, 1874.

## OSAGE COUNTY MEDICAL ASSOCIATION.

BURLINGAME, KAS., May 7.

The Association was called to order by the President, W. L. Schenck. Dr. E. L. Wilkinson was appointed Secretary *pro tem*.

Dr. S. M. Conner, of Osage City, was elected a member of this Association, in due form.

The advertisement of Dr. W. H. Foulds in the Osage City *Shaft*, was read in the society, and the following resolutions adopted, and the charges contained therein referred to the Censors for investigation.

*Resolved*, That the public advertisement of Dr.

W. H. Foulds, in the Osage City *Shaft*, is the grossest quackery and violation of the code of ethics of the National Medical Association.

*Resolved*, That the charge of quackery is hereby preferred against W. H. Foulds for guaranteeing the cure of specified diseases, with the Turkish Bath, and calling the attention of persons afflicted with particular diseases, to his proposed means of cure in said advertisement.

The following officers were elected for the ensuing year: President, Dr. Geo. T. Brown; Vice President, Dr. J. T. Bull; Treasurer, Dr. A. C. Brown; Secretary, Dr. W. L. Schenck; Censors, Drs. Wilkinson, Pine and Conner. Special Committees—Essayist, Dr. Conner; Cerebro-Spinal Meningitis, Drs. Schenck, Pine and Wilkinson. Erysipelas was chosen for the next subject for general discussion.

A resolution was offered by Dr. Geo. T. Brown to amend the constitution so as to meet semi-annually, and that a permanent point be fixed for its regular meetings. On motion, the Association adjourned to meet at Osage City the first Wednesday in July, at 10 o'clock A. M.

W. L. SCHENCK, *President*.

E. L. WILKINSON, *Secretary*.

## Editorial.

### THE AMERICAN MEDICAL ASSOCIATION.

To the exclusion of more valuable matter, we present this month a pretty full abstract of the proceedings of the last meeting of this body.

The attendance was large; the members were hospitably entertained by the profession and the citizens of St. Louis. There was the usual amount of buncombe and windy oratory, and—nothing more.

The address of the President reads very like an old "Fourth of July" oration, refurbished for the occasion. In the department of spread-eagle literature it will occupy a conspicuous place. We quote the following from the exordium, and unhesitatingly pronounce it im-

mensely superior, as a specimen of rhetorical hyperbole, to the finest effort of George Francis Train before he was declared insane:

"GENTLEMEN: Just two years ago there was witnessed a spectacle well worthy our contemplation! It was full of significance, and stands forth, unparalleled, in the history of our divine art, from its earliest annals down to the present moment.

"Along the Atlantic slope of this vast continent—throughout the length and breadth of the land from Maine to Mexico—were seen, gathering together, one hundred and twenty-one living, aspiring intelligencies, moved by one thought, nerved by one impulse, animated by one hope—the good of humanity!

"Abandoning, for the nonce, the peaceful pursuits of their chosen vocation, relinquishing its rewards, and exposing themselves to all the hazards incident upon velocity of locomotion, westward they steered their beneficent course, borne along the iron pathway cleaved across the continent!

"Annulling the opposing conditions of time and space, over three thousand miles they went—skimming over the valleys, thundering across the rivers, and panting up the sides or piercing through the hearts of the mountains.' Science having made subservient to their bidding those dynamic agencies, more potent than the Genii of Arabian fable, they accomplished in seven days the travel that once consumed more than as many months: and thus they reached the city of the Golden Gate—the Mecca of their pilgrimage."

Poor Yandell! His feeble light pales into insignificance before the bright-orbed Demosthenes of California.

The life of the President elect is placed in jeopardy. He must go up in a balloon and speak from the clouds, or abandon all hope of excelling in the line of oratorical pyrotechnics. We have too much confidence in his good sense to think for one moment that he will attempt anything so silly.

An effort was made by a few right-thinkers for a reform in the organization, which was promptly squelched. As the proceedings were utterly harmless, there will probably be no objection urged against holding another convention next year.

We believe it was the graceful Miss McTabb who "never said a foolish thing and never did a wise one." In one respect she possessed a decided advantage over the convocation at St. Louis.

A side-show entitled the Rocky Mountain Society, was organized by those daring adventurers who two years ago, in midsummer, in palace cars, boldly scaled the Rocky Mountain peaks, and toiled (sleeping) through the Nevada's eternal snows, for the grandly philanthropic purpose of getting drunk on California wine. "Oh ye gods! ye gods! must we endure all this?" The mere contemplation of the heroism and self-sacrifice involved in this modern *Argonautic Expedition* induces profuse lachrymation.

Now that the side-show business has been successfully organized, and provision made for its perpetuity, and that the American Medical Association has become utterly vacuous, we suggest the erection of a pavilion at Detroit next year, and the inauguration of a grand tournament, accompanied by the necessary heraldry, armor and trumpeting. It might be made highly amusing to children, and extremely gratifying to those who, like Dr. Ollapad, delight in dress parade.

For the promotion of social intercourse, the passage of resolutions, and the election of officers, the Association has been for five years a decided success. For any and every other purpose, it has been a decided failure.

As now constituted, it *may* survive another year. Whether it does or does not is of little consequence to anybody.

#### SERVED HIM RIGHT.

By reference to the proceedings of the Osage County Medical Society it will be observed that Dr. W. H. Fould was very promptly and very properly ejected from that organization. We republish the following advertisement free of charge.



Electro-Medical and Hydropathic Institute, No. 5 Sixth street, W. H. Foulds, proprietor. Turkish Baths, Electro-Galvanic Baths, Medicated, and all kinds of baths. We guarantee a cure for chills and fever. Will treat all diseases, especially those of long standing, such as Bright's disease of the kidneys, diabetes, local and general dropsy, consumption, St. Vitus' dance, paralysis, angina pectoris, asthma, bronchitis, chronic congestion of the liver, the lungs, chlorosis, suppressed secretions, and all manner of female diseases, old indolent ulcers, gout, rheumatism, stiff and contracted limbs, scrofula in all its forms. In fact, every species of disease will yield readily to the Turkish Bath. Feeling well assured that we have in the Turkish Bath an instrument of great power for good in all female complaints, we feel it our duty to the ladies to say, that we know the Turkish Bath will accomplish much to relieve and restore to health those who are now suffering from the many diseases peculiar to their sex. We have known many cases of prolapsus ani, as well as prolapsus uteri, cured by the Turkish Bath, without using medical means, and for the complexion, no cosmetic ever yet compounded will compare with the Hot Air Bath; the skin becomes fair and soft; moth patches disappear and that sallow look of the skin gives place to the ruddy glow of health.

The worst quacks are those who emanate from our own profession. They possess a sufficient knowledge of medicine to render their stories plausible, and to select appropriate cases for their own financial interests. Until we read the above advertisement we never were made acquainted with the wondrous powers of the *Turkish Bath*. We modestly suggest to Dr. Foulds the propriety of including cancer and hydrophobia in his enumeration of diseases. It would add dignity and importance to his announcement, and might put a few more dollars in his pocket.

There is an old adage that "what is bred in the bone must come out through the skin." If Dr. Foulds would submit himself to the sweating process, by the Turkish method, for a series of years, he *might* be purified of his quackish disorder. Our opinion, however, is that any man who will deliberately publish as many transparent falsehoods as are contained in the above advertisement, is beyond all hope of reclamation.

#### THE MEDICAL AND SURGICAL HISTORY OF THE REBELLION.—Part First.

The first instalment of this magnificent work, consisting of two large quarto volumes, has just been issued. The medical volume consists of statistical tables of the sickness and mortality of the troops, and an appendix containing such portions of the reports of medical officers as possess historical interest. The surgical volume contains a chronological summary of engagements and battles and a history of wounds and injuries of the head, neck and chest.

During the four years' war, 2,136 battles or engagements were fought, and six and a half million medical and surgical cases occurred. In magnitude and importance no such work was ever attempted by any government.

The medical volume was prepared by Assistant Surgeon J. J. Woodward, and the surgical volume by Assistant Surgeon George A. Otis, under the direction of the Surgeon General, Joseph K. Barnes. These enduring monuments will, through all ages, attest their literary ability, scientific attainments, and professional devotion.

We never have been able to understand why medical officers in our army should receive less pay, less promotion, and less rank than other officers of like qualification and time of service. Gov-

ernment gratuitously educates other officers at West Point and Annapolis, but has never graduated a single surgeon. A surgeon, to get admission to the army or navy, must have, not only a good literary education, but must also be a graduate in medicine. The position assigned to him is that of Assistant Surgeon, and the pay allowed is about \$1,300 per year, with the prospect of promotion to a surgery, after fifteen or twenty years' hard service, and of a salary nearly equivalent to that of a first-class clerk. Surgeons Otis and Woodward have devoted the best ten years of their lives to the preparation of the work before us, and they are Assistant Surgeons still. There are now fifty-nine vacancies in the medical corps of our small army, and nine-tenths of those remaining ought to resign in consequence of inadequate pay for services rendered.

Until a change is made, the medical ranks will never be filled, and they ought not be. No physician of ordinary ability can afford to waste his best energies in the service of a government that is ungenerous enough to dole him out a mere pittance therefor. The rank and pay of the lowest medical officer of the army should be at least that of a major.

The position is as responsible, the duties are as arduous, and the service is as important as that of a paymaster, and the rank and pays should be at least as great.

The American Medical Association at its last meeting passed some resolutions in relation thereto. If this body were such as it should be, there might be some hope that Congress would pay heed to its requests, but we fear the resolutions, although good in themselves, are not worth the breath expended in their passage.

### THE BAVARIAN PLASTER-DRESSING.

When an immovable dressing for fracture is required, especially for the lower extremities, what is called the "Bavarian" dressing, for convenience and simplicity of application, is superior to all other methods. Dr. Corley, of Dublin, thus describes it in a paper republished in Braithwait's Retrospect for January, 1872.

"Two pieces of flannel, suited to the length of the limb, are cut sufficiently wide to overlap slightly in front. When so prepared they resemble the leg of a stocking cut vertically. One is now laid over the other, and they are stitched together from top to bottom down the mesial line, like two sheets of note paper stitched at the fold. They must now be spread out under the injured limb, so that the line of stitching corresponds to the back of the calf. The two inner leaves, so to speak, are now brought together over the shin and fastened by long pins, the heads of which are bent. The leg being held firmly, an assistant mixes the plaster with about an equal bulk of water, and rapidly applies it, partly with a spoon and partly pouring over the outer surface of flannel *covering the limb*. The two portions of the second layer are then quickly brought over, so as to meet, and the inequalities in the distribution of the plaster are removed before it hardens, by smoothing with the hand. In about three minutes the gypsum sets, and the limb is encased in a strong, rigid covering, which gives uniform pressure and support to every part. The edges of the flannel in front can now be trimmed, and the pins withdrawn from the inner layer by seizing their bent heads. A couple of strips or a few turns of the roller make all secure. In order to take the apparatus off, it is only necessary to remove the strips and separate the edges of the flannel, when the two sides fall asunder, the line of stitching behind acting as a hinge."

ATTENTION is called to the Medical College advertising page in this issue.





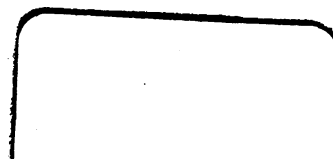
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